178021		FOR - STATE REGISTRAR				CERTIF	CATE OF	MENTAL HYG		5 REG. NO		7 1	5 5	
noy be page 3 r death		CEASED NAME E OR PRINT)	hili	р	Jarrett		Banks	3	20. DATE C	OF DEATH A		3 85	26 HOUR 2000 A	A
ge 4 moy ector, po	3. SE	x Male	4.	Whi-	te	S. DATE O		1921	6. AGE (IN	64		IF UNDER 1 YEAR		_
dir how		rapahoe, N.		U.S.	WHAT COUNTRY?	8. MARRIED WIDOWE		MARRIED	9. BALTIM	ORE CITY OR		of DEATH arrol	L1	D .
		or town of DEATH			HOSPITAL, NURSIN CHEACHTY TIMESTREET CANKTIN		R OTHER INS	TITUTION		OCCUPATION STOP		INDUSTRY	of Business or	
AND 212 file four file	USU 130	at residence in nursing STATE	HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFOR	ster	13d. INSIDE (NO [180E	Frank	lin	Ave	21157	
MARYL ed within mpletely and 2 st	14, 6	George	MIC	DDLE	Banks		15 MOTHER	Annie	ME	WIDDLE		Sc	ott	
BALTIMORE, cote be executivities and coopers. Pages 1 avoil.		MAS DECEASED EVER IN YES NO OR UNKNOWN)		D FORCES?	246-20-		Joan			01ADTE			re 21157	_
, 201 W. PRESTON ST, res that the death certifi fred by the attending pl please remove carbane ourial, cremation, or rem y, or other fraumatic eve.	NOI	PART 2. OTHER SIGNIF	which diote the lost.	DUE TO, C	DR AS A CONSEQUENCE OF A CONSEQ	ENCE OF	Ерот	ARDIAL IC CO	ZONA	SE OR COND	EART 15EASC	- 40	MEQ Spes	
AL RECORDS The law required. The law required. The permit The remains the perior to the prior to the perior to	CERTIFICATION	190. DATE OF OPERATIO	N	196. CONE	OITION FOR WHICH	OPERATION	WAS PERF	DRMED	20a AUT	NOD	20b. IF YES IN CERTIFY YES		INGS USED ES OF DEATH?	
DIVISION OF VITAL ING PHYSICIAN: The r offending physicion wher this certificate hos the burial-tronsis r th and Mental Hygier orked or item 18 shay	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTHY MEDICAL 210. INJURY OCCURRED WHILE AT WORK AT WORK	JSE OF DEATH EXAMINER)	71e. PLACE	OF INJURY .M. MONTH D .M. OF INJURY IREET, FACTORY, OFFICE.	19	21c HOW II		RED (ENTER)	CITY OR TOW		COUNTY	STATE	
TO HOSPITAL OR ATTENDIN retoined by the hospital or TO FUNERAL DIRECTOR, At- should be detached for use o with the Stote Dept. of Health MPORTANT: if hem 21 is mo.			olive on	view the body	y ofter death.	21	270 ADDRE	chor S	MEDICA DIRECTO	STAFF R PHYSICI	re and hour	27c. DAI	the couses stoted SE SIGNED 13/85 Md. 2115	-
BP		BURIAL, CREMATION, RE (SPECIFY) Burial UNERAL DIRECTOR	MOVAL	June Thoma	22 85 0		cove (CREMATORY Cemeter	4		e La	Cross	e Wis.	_
(VRA 15, 4)	1/0	el- Tlace	a	Mes	thinste	T, I'M	1. 21	157		0		on management of the state of		

THE LANGE TO SERVICE THE PARTY OF THE PARTY

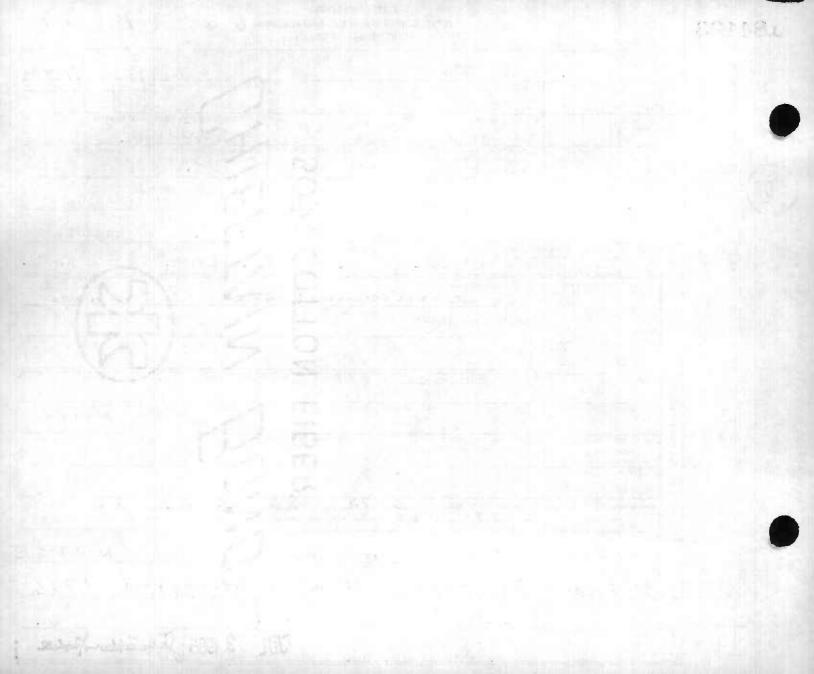
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE

20 CO 700 And the state of t The state of the s de transfer de la companya della companya della companya de la companya della com

184123	١,	FOR STATE			DEPA		OF MARYL	AND MENTAL HYGI	ENE 8	5	1 7	1	5	1
	1	REGISTRAR				CERTIF	CATE OF	DEATH		REG. NO.				
		EASED NAME	FIRST		MIDDLE	t.	ST		2a. DATE	OF DEATH MONT	H DAY	YEAR	26 HOU	R
y deoth	TITPE	ORPRINT	М.	LISS	SETTA	BIS	HOP	200		6	27	85	1/10	MAG
of pop	3 SEX			1. RACE		5. DATE O		YEAR	6. AGE	IN YEARS LAST BIRTHDAY)	IF L	UNDER I YEAR	IF UNDER	24 HRS
ge 4		Female	-	White	e	3	9	99		86	YRS.		, CORS	Pripa.
Po dir	7a. BII	OUNTRY)	OREIGN	L CITIZEN OF	WHAT COUNT	RY? 8 MARRIEI	NEVER	MARRIED -	9 BALTIA	MORE CITY OR CO	UNTY OF	DEATH		
in 72		Ceorgia		U.S		WIDOWE	D 🛪 D	NORCED	_ h	Carrol	1 Co			MD.
Fied with the		TY OR TOWN OF DEA	TH		HOSPITAL, NU	RSING HOME C	R OTHER INS	TITUTION	12a. USU	AL OCCUPATION	KING LIFE)	12b. KIND O	F BUSINE	SS OR
	We.	stminster	•	Carrol	1 Cou	nty Ge	n'1 H	ospita	l	Work for most of wor.				
1 1326	USU 4 13a. S	L RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE B	OWN	13d. INSIDE	CITY LIMITS?	13e STREE	T ADDRESS / ZIP	CODE			
「計画」		Md.	Carr	oll	Hamps		YES 🗌	ио*		5 Westf	ielo	Dri	ve a	2107
1 12/1/	14. FA	THER'S NAME	٨	AIDDLE	LAST		15 MOTHER	'S MAIDEN NAM	ΛΕ.	MIDDLE		LAS	šī	
1 600		Harry			Ke			tie		I.		Lock	ett	
70 F 60 /		AS DECEASED EVER		MED FORCES?		ECURITY NO.	17 INFORM		-	ADDRESS	11		- 4	Ma
2 00		n 0			213-0	7-2101	Mr.	Billie	L.	Bishop,	Han	npste		
ote open		18 CAUSE OF DEATH						70-	t		7.15	BETWEEN	IMATE INTER	DEATH
on p ph		PARTI. DEATH W		CAUSE (a)	ea	run	con	- al vo	ua		- 100	d	aya	-
th ca adin or or oric				DUE TO, O	R AS A CONSE	QUENCE OF						150		
dea artis		Conditions, if any, gave rise to imm		(b)_					1			1000		
4 4 5 5 4		couse (a), statin underlying cause	g the	DUE TO, O	R AS A CONSE	QUENCE OF						0		
though the state of the state o				((c)										
10 pp	z	PART 2. OTHER SIGN	HEICANT C	ONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISE	ASE OR CONDITIO	N GIVEN	IN PART 1	а	
1 1 1 1	FICATION	19n DATE OF OPERAT	ION	118h COND	ITION FOR WE	HICH OPERATION	J WAS PERF	OPMED	70n Al	UTOPSY? 1206.	IF YES V	VERE FINDI	NGSTISE	D
9 9 9 9	FIC	THE DATE OF OTERA		178 60145		neri oi ekiriloi		ONNED	YES	IN		NG CAUSES		TH?
10 4144	CERT	21g. ACCIDENT WAS UND	ERLYING	21b. TIME C	OF INJURY		21c. HOW II	NJURY OCCURR		NO NATURE OF INJURY IN IT			NO	
24 4 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3	OR CONTRIBUTING	AUSE OF DEAL	HOUR A	M. MONTH	DAY YEAR			((((((((((((((((((((
Se de la company	Dic.	(IF EITHER NOTIFY MEDIC			OF INJURY	19	21f LOCAT	ION						
A THE PERSON	2	WHILE NOT WH			REET, FACTORY, OF	FICE FARM, ETC)	STREE	1		CITY OR TOWN		COUNTY	S	TATE
DING MARIA MARIA MOTA MOTA MOTA MOTA MOTA MOTA MOTA MOT		228.1 certify that (I)		al) attended th	ne deceased fro	nm 6	12	1085	to	6-27	19	2-3	that (I) (s	we) last
AL SECTION		saw the decease	d olive on_	6-2	7		d that in (my) (our) opinian d	eath occu	irred on the date or	nd haur ai			
A Port of the Port	13	abave, (1) (we) (a 22b. SIGNATURE	lid) (did nat	view the bady	atter death.		DEGREE					22c. DATE	SIGNED	
0 0 0 0 0 0		Enha	ain	L 73	11.		CIIN	ATTENDING PHYSICIAN	MEDIC	AL STAFF OR PHYSICIAN		6-	27.	-48
HOSPITAL FUNERAL Meliter de 11 fee de 11 fee Stant		224. PHYSICIAN'S NA	AME (TYPE OF	PRINT)		0	22e ADDRE		DINECT	OK - ITTOIC MITT		1 ~		
		Fotie.	AIM	BAR	RZAG	A	NE	W Y	WIN	dsoR.	mo	1.21	177	16
5 6 5 8 8		URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C				CATION				
BP		Specify) Burial		7-1-	85	Meadowi	idge	Mem.Pk	. B	altimore	e H	owa r		ld.
DHMH - 16 60M 7/84		NERAL DIRECTOR					3			REGISTRAR 25			LURE	
(VRA 15, 4)	F	line Fun	eral	Home	Hamps		Md.	70	L	1985	elea Da	vidson-	Mande	EL.
	No.													



1	78	303	3;
	e	e 3	

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS,

FOR - STATE REGISTRAR I. DECEASED NAME

Female

To. BIRTHPLACE (STATE OF FOREIGN

Maryland

IO. CITY OR TOWN OF DEATH

Mt. Airv

Maryland

14 FATHER'S NAME

No

LITTE OF PRINTS

3. SEX

FIRST

USUAL RESIDENCE OF NURSING HOME OF OTHER INSTITUTION 1136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY

Benjamin

Sheila

Carroll

IMMEDIATE CAUSE (

4 RACE

Th CITIZEN OF WHAT COUNTR

	DEPARTA	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYP BICATE OF DEATH	GIENE 8 5).	7	1	5	8
	WIDDIE	ı	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
a	Louise	В	OHRER	June 13	3, 19	85		1:3	O Am
ACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)		RIYEAR	IF UNDER 24 HRS	
Whi	te	De	c. 7, 1913	71	YRS.	MONTHS	DAYS	HOURS	MIN.
U.S	what country?	8	D NEVER MARRIED	BALTIMORE CITY OF	-				MD.
(IF NOT IN SU	HOSPITAL, NURSIN CHEACULTY, GIVE STREET / LEAST RI	ADDRESS)	The Blvd.	126 USUAL OCCUPATION OF CLERK		FE) INE	KIND O OUSTRY OUNT		
R INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Mt. A r	N	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS /			lle l	Bl vd	.217
lE.	Bohrer		15. MOTHER'S MAIDEN NA FIRST Anna			F	las Iarr	1	
FORCES?	216-05-		17 INFORMANT Benjamin F.	Bohrer, N	t. A		orn Md		
AUSE (o)	fine for (0) (b), one	Ele	whi condi	inschool) ses	4	APPROXI BETWEEN O	MATE INTE	PVAL D DEATH
DUE TO, C	OR AS A CONSEQUE	NCE OF					1		

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORME								
7] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF ETHER, NOTIFY MEDICAL EXAMINER	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY							
21d INJURY OCCURRED WHILE	21e. PLACE OF INJURY {AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.}	2H LOCATION							

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY

MEDICAL

200 AUTOPSY?

NOF

and that in (my) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

NO [

226. SIGNA URE

June 14.1985 PHYSICIAN X DIRECTOR PHYSICIAN

James P Kerr, M.D.

sow the deceased olive on

obove, (I) (we) (did) (did on) vie

26618 Ridge Rd, Damascus, Md. 20872

/ CDE / IEMA
 (SPECIAL)
 D
 _

CERTIFICATION

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL 23b. DATE urial une 17, 1985

22a.1 certify that (1) (this hospital) attended the deceased from

23c. NAME OF CEMETERY OR CREMATORY Pine Grove

DEGREE

STAFF

Carroll

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

24 FUNERAL DIRECTOR Orin L. Molesworth, P.A., Damascus, Md. 25a, DATE REC'D.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

The same of the sa

Note by Minister of the second of the second

The rest of the last of the la

Appel, of these

NAS AL COMPANIE DE LA COMPANIE DE LA

To the second se

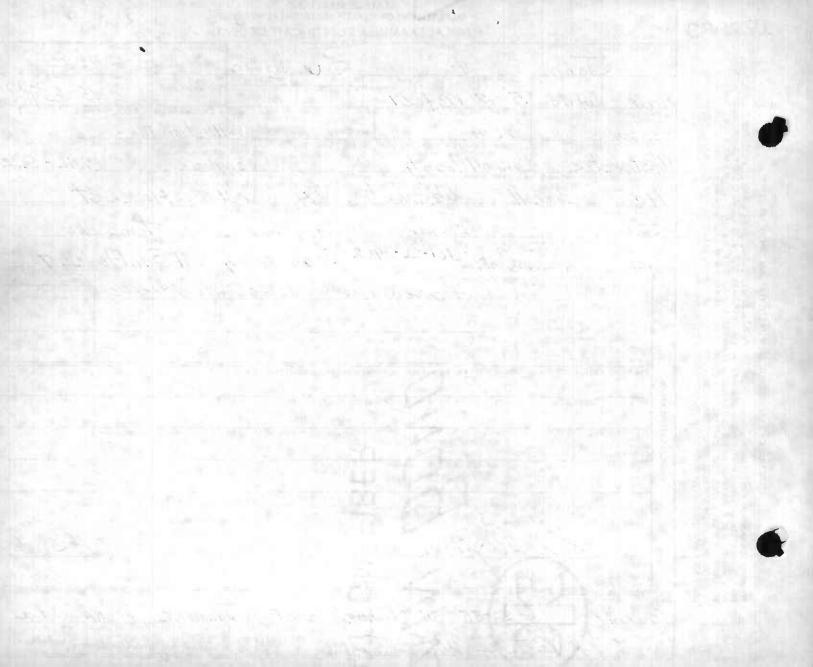
		500			E OF MARYLAND	aurus)	1 "7	1 5 9
191063	1-	FOR STATE REGISTRAR	U		EALTH AND MENTAL HY	REG. N	1 /	1 3 1
121000	1. DE	EASED NAME FIRST	MIDDLE		ASI		MONTH DAY	YEAR 2b. HOUR
0 0 0		G-CO-	oia Etha	2.1 /	3022e11		6 29	85 7.30 R
nay be page 3	3 SE		4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIR		DER I YEAR OF UNDER 24 HRS
of of the state of		T . ,	White	MONTH		79	MONTHS	DAYS HOURS MIN.
Ours ours	70 RI	TEMALE RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNITEYS 8	15 05	9 BALTIMORE CITY C	YRS.	FATH
th. B		OUNTRY	1) CA	MARRIE	D NEVER MARRIED		DLL CO	
and and a	10.0	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL	WIDOWE	DIVORCED DIVORCED	120 USUAL OCCUPAT		KIND OF BUSINESS OR
1 4 4 6 CA ()	n	1+ A:AV	(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	. /	HOMEME	OF WORKING LIFE) IN	DUSTRY
SI AND TO	Usu	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION)	ursing More		inca	
24 h	13a S	TATE 136 COUI	aroll New	ORTOWN So	YES NO T	2310 OL	rerlock	Dr Noul
A sho sho	14. FA	THER'S NAME	1710/1 1/1000	171030	15 MOTHER'S MAIDEN NA		reriven	md, 21776
A with		FIRST	MIDDLE 14	p Itas	FIRST	MIODLE		LAST
E. N	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCI	IAL SECURITY NO.	17 INFORMANT	ADDRI	ESS	21776
MORE e exect	- ((IF YES, GI	VE WAR OR DATES) 218	-07-4376	Mr. Albert	Bozzell	New	Windsor, H.
ALTII ALTII re be resonant		18 CAUSE OF DEATH (Enter of	nly one cause per line for in	(b) and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys npop movent,		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0)		protory	Arrest		Win
M ST ding urbor pr rer fice		IMMEDIA	DUE TO, OR AS A CO			7538		TOTAL
PRESTON he death cr emove cart matian, ar r fraumotic		Conditions, if any, which	(b)		prov Ascular	Accide	xt	Hrs
PRE of the of th		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO					.10
hot hot by l	1	underlying couse last.	(c)	Genera	Atheros	clerosis		YRS
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the offer this certificate has been signed to stee burial-transit permit. Then plea os the burial-transit permit. Then plea the and Mental Hygiene prior to burial and mental B shows any injury, are		PART 2 OTHER SIGNIFICANT		NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART No
RDS equ	CERTIFICATION	A / zheima	us, ascura					
ECC on y	3	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	RE FINDINGS USED CAUSES OF DEATH?
AL AL AL Briene	1 =	ETALLE TO				YES NO	YES 🗀	NO 🗌
VII Tansi Thysici Transi Hygin 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	R PART 2)
SICIA of physical phy	N S	LIFEITHER NOTIFY MEDICAL EXAMINE	P,M,	19			Mark of	0 75 15 133
PHY: PHY: PHY: PHY: Pendir If his od Mud Mud Mud Mud Mud Mud Mud Mud Mud Mu	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY		211. LOCATION STREET	CITY OR TO	IWN C	OUNTY STATE
NG off of the street of the orke	1	AT WORK AT WORK			1	1	-	
N N N N N N N N N N N N N N N N N N N		220.1 certify that (I) (this hosp	ital) attended the decease		105, 19		192	that (I) (we) last
Sprite CTO I for		abovy (1) we (did) (did no	view the body ofter feat	-	nd that in (my) (aur) apinion	death accurred an the d	ate and hour and l	Irom the causes stated
OR A DIRECTOR A THE THE PORTY		22b. SIGNATURE	MAL)	DEGREE	MEDICAL STA		12. DATE SIGNED
		Much	Thus	HUN		DIRECTOR PHYSIC	IAN	0/30/1
HOSPITAL med by the FUNERAL uld be det othe State		22d. PHISTCIAN'S NAME (THE	Vacala	11/1	22e ADDRESS	DI.	. Col	400
TO HOSPITAL etonined by the TO FUNERAL should be det with the State		MELOUN	1 100	71 100	2000 Ceu	terry 11	120 (0)	www.
7 7 2 3 4	23a E	URIAL, CREMATION, REMOVAL		23c. NAME OF C		236 LOCATION	cour	NTY STATE
BP		Burial	7-3-85	cres	Hawn Cemete		tsville"	
DHMH - 16 50M 4/82	24 F	JNERAL DIRECTOR	1	ADDRESS .	1/ 1/7		256 REGISTRAR'S	1-0
(VRA 15. 4)		Ham W. H	Tayort "	SIL VOSINI	ie, MD mi	II 0 0 400E	2 DOLLAR	non-Randell

- 24 CONTRACTOR Busting 7-3-85 Cres Gaba Bustay Maintelline Shead Me

								TE OF M						-10	3 6		
	MOOOC	1	OR			DEPART	MENT OF	HEALTH .	AND ME	NTALHY	YGIENE	5	1	1	1 0) U	
	179006		STATE REGISTRAR		ME	DICALI	EXAMIN	ER'S CI	ERTIFIC	CATE OI	F DEAT	H	REG. NO	Э.		4	
			EASED NAME	FIRST		MIDDLE	-	7 0	KST .	1	20	DATE K	NOWN	MONTH	DAY	YEAR	b. HOUR
	and the same of	(TYPE	OR PRINT)	Bessi	o Com	delia	-	5	v	-/		OF DEATH /	ESTI-	6	18	85	
	EFES SA				_		0	xiel	1109	Man	1		WAIED L	HINOM	101	903	M
	APE 65	3. SEX		4 RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YE.			HOURS 2		NONOUNC	-ED	MONTH	LAT.	TEAR	14 HUNK
	NASSER.	T. GI	male	White	Aug. 11,	1901	83 YF	s. 8	7			DEAD		6	100	1,05	DAM
100	はなど至500	7a BIF	THPLACE (ST.	ATE OR	76. CITIZEN OF W	HAT COUN		8		/FD 4 DD/F	9	BALTIMO	RE CITY O	R COUN	TY OF DE	ATH	1.0
10	品数SEE.	TVI:	arylan	d	U.S.	Δ	100	WIDOWE		/ER MARRIE	-	Carr	roll	Co.			
-6	型型の2×		Y OR TOWN		11. NAME OF HO		SING HOME		2.7				ATION (TYPE		126 KINI	D OF BUS	MD.
	A PRESENTATION OF THE PERSON O	1			(IF NOT IN SUCH F	ACILITY, GIVE ST	REET ADDRESS)					ST OF WORK		E OF WORK	ORI	INDUSTRY	114233
	A CARREDO		estmin		Carrol]	. Co.	Gener	al Ho	ospi	tal	Н	usev	wife				
	- 0553907	USUA 13a. S1		IF IN NURSING HOME	OR OTHER INSTITUTION,		OR TOWN	ON)	24 INCIDE CI	TY LIMITS?	112. CTDEE	TADDRES	c			UT 70	7
	E SEESEN)	0.0	rylan	d Car	roll	Nes-	tmins	tor	YES ST	NO 🗌	5/L	Rond	St.	12.	1157	1	
	- FS. 22 -	_	THER'S NAME	a j bai	.1011	MICO	OMILITO			R'S MAIDEN		DOM	20.	16.		1	
	F-XOK	1	FIRST		MIDDLE		LAST		FI	RST		MID	DIE		1/	ASY	
	AN SHARE		Corne	lius	Α.	Mulli				dine				1	Davi	S	
	M NSSA		AS DECEASED	EVER IN U.S. AR	MED FORCES?		IAL SECURIT		17 INFORM		79.5		ADDRES.				
	FATTA E		No	2	_	218-	-24-10	573	May	A. M	ulli	nix,	6844	Woo	odbi	ne I	Rd.
	a Maria		II CAUSE OF	F DEATH (Enter or	nly one course per th	e de (o), (b)	and ici	-	/	7	1 /		0	1-11-		ROXIMATEII	
	O DEC SW		PARTIDE	ATH WAS CAUSE	D BY:	1 00 .	cala	-	- //	andi	allas	CHIL	1000	-	BETWE	EN ONSET	AND DEATH
	S THORNES		300	IMMEDIA	TE CAUSE (a)	PARA COL	SEQUENCE	The same of		2046	2000	Car	.40				
	ZZZZES		Condition	is, if any, which	100000000000000000000000000000000000000	17	demonstrate.	-									
	E E E E E E E E E E E E E E E E E E E		gave ris	e to immediate	(b) Y	Jeaces	de										
	N NAME NO		cause (a) lying caus	stating the under	DUE TO, O	RAS A CON	SEQUENCE (DF									
	S EXX	100	lying caus	se idsi.	((e)												
	AANA AANA		PART 2 OTNER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART	Ilia						
	EM PER DE	Z															
	S SAMAN -	일	19a. DATE OF	OPERATION	TIAL COND	ITION FOR	WHICH OPER	ATION W/A	C DEDECOR	MED 2					120 41	JTOPSY?	
	FALE POULS OF HE PARENT	ŏ	ING. DATE OF	OFERATION	178 COND	HONFOR	WHICH OFER	ATION WA	SPERFOR	ALED:					20 AL	TOPST?	
	* YES-35-4	CERTIFICATION	100			1110							1000			s 🗆	NO 🗌
	A HAND	GE		L CAUSE WAS	21b. TIME C		DAY YEAR	21c. HO	W INJURY	OCCURRED	DIENTERNA	TURE OF INJU	RY IN ITEM 18	PART 1 OR PA	ART 2)		
	N DEPOSTA		UNDERLYING	OR CAUSE OF			19										
	DIVISION OF VITAL S CERTIFICATE SHARITING THE WORD ROED TO THE CHIE E 3 SHOULD BE USE E 25 SHOULD BE USE OF PROR TO BURIA	MEDICAL	214 INTURY O	CCURRED	21e PLACE	OF INJURY	(AT HOME.	21f. LOC	ATION	-							
	DIV NRITING GE 3 CE 3 201 F	Z Z	WHILE	NOT WHILE [STREET, FA	CTORY, FARM, ET	(C.)	571	REET			CITY OR TOW	N	co	UNTY		STATE
	PAA TAT		AT WORK	AT WORK									4				
	DE S S S S S S S S S S S S S S S S S S S		22a. I certif	y that I tack chare	ge of the remains	escribed abd	held on	Autopsy	, .	Inspection	X	Inquiry	an an	id in my of	noinion		
	10 met 3		death resulte	dfrom blong	fol courses	Anderey.	Su. Su	icide .	Horaic	ide .	Undeter	mined man	ner .			-	/
1	SE S		6	111	/ //	//	17.225		mil s	went	-					/	
	@03073		ACTUAL	10%	10	La.		/	10	Outel				DATE	18	X	.85
	N SEE	1	SIGNATURE	- Section	era ce	Free		M,[- 04	y y	MEDIC	AL EXAMI	NER	SIGNE	De to	TO A	d.
	MEDICAL EXA CUTE THE CERT SE A SHOULD FUNCHE WAR TIMORE, MARY		EXAMINER'S	NAME Dr.	Richar	d A.	Jones	3	0	arro	11 0	o.Ge	nera	1 H	ani	tal	
	A SECUMENT OF THE SECUMENT OF	-	(TYPE OR PRIN	VI)	/			A	DDRESS_				a	(ruht	VCL	
	FOSES9	23a, Bl	PECIEV)	TION, REMOVAL			AME OF CE				23d LOC CITY OF	ATION		COU	NTY	_ STAT	E
	BP		Bu	rial	6-21-19	85	More	gan C	hape	1				Car	rrol	1, N	ld.
		24 FL	INERAL DIREC	TOR						25a. DATE RI	EC'D. BY R	EGISTRAR	256 REGI	ISTRAR'S	IGNATU	RE	
	DHMH - 17 (VR A15 ME (5))	Cr	arles	W. Burn	rier, Jr.	.Svk	esiril	le Ma	30	21	1035	July	Davis	SON-P	ende	7	
	20M 4/82				, , , ,	7 - 3		T.C . IIIC	A 8	9.4	VALUE CONTRACTOR	-1	1				

theat, from the state of the state of at resinged to the control of the delicated The state of the s State of the state Profesional Antendopolis Division and American Section 2015 The second second second is the second secon

						ATE OF MA		overter in "	1 7	161
	177069		FOR .		DEPARTMENT O			-	1 /	: 0 1
	111003		REGISTRAR	M	EDICAL EXAMI	NER'S CE	RITIFICATE		REG. NO.	
			EASED NAME FIRST		WIDDLE	- LA	3 BUNJA 1	2a. DATE K	NOWN MON	10 Ont
	ET. SE.		John		H	J	M. Market	DEATH ,	MATED [W.
	PLEASE ECTOR FELLES HOURS STREET	3 SEX	4 RACE	5 DATE OF BIRT	H 6 AGE (IN		ER I YR. IF BRUTER	24 HRS 2c. DATE PRONOUNCE	MONT	H DAY YEAR 2d. HOUR
40	CESSARY, PLEASE SEAL DIRECTOR. FOR YOUR FILES. PRESTION STREET.	14.	1/5 White	5 8	1934 51	YRS.	7)	DEAD	6	18 1985 108 AN
7	SAFE SECTION	7a. BH	RTHPLACE (STATE OR	76 CITIZEN OF	WHAT COUNTRY?	A A A P D I E F	NEVER MARRI	9. BALTIMO	DRE CITY OR COU	JNTY OF DEATH
1	世後を重要/つ	0	REIGN COUNTRY)	4.5.A		WIDOWEL		V /1.	moster -	MD
	ZE0 3	10. CT	MOZ IY OR TOWN OF DEATH		OSPITAL, NURSING HO	ME, OR OTHER		12ª USUAL OCCUP		RK 12b. KIND OF BUSINESS
	S H A S H A	1/14	tota	IF NOT IN SUCH	FACILITY, GIVE STREET ADDRES	S)		FOR MOST OF WORK		CiviL - SE/F
	N N N N N N N N N N N N N N N N N N N	USUA	L RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION	GIVE RESIDENCE ADMI	SSION)		GAGINEER		CIVIL JEIL
	AND 3 AND 3 RETAIN RECOR	13a S1	Id. ISTOUN	TY /	126. GITY OF TOWN		36 INSIDE CITY EIMITS?	13 STREET ADDRES	Shire	· 1+21157
	A A STAN	1		011	WESTMIN	STEK	YES NO [1081 00	2 FIOWER	66/2001
	A H- KOH	14. FA	THER'S NAME	MIDDLE	1 LAST	1	5. MOTHER'S MAIDE	EN NAME MIE	DOLE	LAST
	MORE, MORE, STANDER STANDER	_	John &	3.	Dundy		HngElin	ε	Tome	255/10
	AFTER I INE PACH H FOR AGES I ISION	16a V	AS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DODS)	161-26-3	RITY NO.	TINFORMANT	1/1	ADDRESS	-/
	S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN IVISION OF V		VES KORE	an ConFlu	ett 61-10 3	702	Joan D	41104 681	Junt	lower T.
	HOURS M 18. G WI WII. P RWIT. P NE, DIV	1	18 CAUSE OF DEATH (Enter on		int to (a), (b), and (c).	1 +.	11 11	/ //	// "	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PRESTON ST ITHIN 24 HOU CIL IN ITEM 18 VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.	-01	PART I DEATH WAS CAUSEI	TE CAUSE (Herosele	volee	Cardeol	a Steeler	1 theolay	
	AZ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		01010011		OR AS A CONSEQUENC	E OF				
	ER ER ER	01	Conditions, if ony, which	(6)						
	W. WINNER		gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, C	OR AS A CONSEQUENC	E OF				
	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEALTIMORE DITIONG THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES DED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM, PER SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES IN AN EMPRINATION OF HEALTH AND MENTAL HYGIENE, DIVISION OF I PRIOR TO BURIAL.	6	lying cause last.	(6)						
	SO. 1		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE T	ERMINAL DISEASE O	OR CONDITION GIVEN IN PA	IPT 1 (a)		
	DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROBE TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BUF TO PROPER TO BURIAN CREMATIN OF PEOPLA THAN OUR PRIOR TO BURIAN CREMATIN	Z				anning official o	The Control of the In The	W. (1 (W))		
	A A A S A S A S A S A S A S A S A S A S	1 6	19g. DATE OF OPERATION	TI% CON	DITION FOR WHICH OF	PERATION WA	S PERFORMED?			20. AUTOPSY?
	SHOULD ORD "PE OR HE VEE A	5								
	MAN SE CONTRACTOR SE CONTRACTO	CERTIFICATION	21g EXTERNAL CAUSE WAS	71h TIME	OF INJURY	I 21c HOV	W IN HIPY OCCUPPE	D (ENTER NATURE OF INJU	IRV IN ITEM IS PART I O	
	O HE A DE COMMENTE OF THE COMMENT OF	10	UNDERLYING OR CONTRIBUTING CAUSE OF		.M. MONTH DAY YE		TO INTO INTO COOKING	ED (E-MEN MONE OF MONE	MI II TEM IST PART IS	n, mr ej
	SA HOUSE	Ž	CONTRIBUTING CAUSE OF		.M. 19 E OF INJURY (ATHOME	211 LOC/	ATION			
	CERTIFICATION OF THE STANDS OF	MEDICAL	WHILE DOT WHILE D	STREET F	ACTORY, FARM, ETC.)	STR		CITY OR TOW	IN	COUNTY STATE
	DIVIS E, WRITIN WARDED PAGE 35 STATE DEP		AT WORK AT WORK	-						
	R. P.		22a I certify that I took charg	ge of the remounted	sescribed above, held or	Autopsy	Inspectio	n , Inquiry	, and in my	y apinian
	E CERTIFICATE DULD BE FONT L DIRECTOR: H, WITH THE S MARYLAND,		death resulted from	fol courses	a Academ .	Suicide .	Homicide .	/ Undetermined mai	nner .	
	SERTINA ARY		1 1/	INN			TITLE (SPECIFY)			10 0
	MAN AN A		SIGNATURE CORRE	MUL	men -	-M P	Helesty	MEDICAL EXAM	DA SIG	TE SHED 65
	SE SE ESTA		SISTATURE SECTION	/		741.0	10	MCDICAL EXAM	310	NCU
	A PROPERTY	10	EXAMINER'S NAME	//		A	DDRESS			
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH WITH THE BALTIMORE, MARYLAI	23a B	URIAL, CREMATION, REMOVAL	73b DATE	230 NAME OF			23d. LOCATION	7	
		1	(PECIFY)	6-22-8	- 01 11	charle	(to the	1 9 1	-/	CKA Pa
	BP	24_F	UNERAL DIRECTOR	- da 0.	o William	10215		Plounnol REC'D. BY REGISTRAF	256 REGISTRAR	
	DHMH - 17	1	MAN KAR	AA JADOR	ESS 7/1/2 #	t m	الله الله	1 2 4 1985	Sulia No	vidson-Randall
	(VR A15 ME (5)) 20M 4/B2	1.54	resul sign V-ru	Uh My.	Millmini	la Mi	4	COLDO GOOD		



	1			STATE OF MARYLAND		17160
190061	11.	FOR STATE	DEPAR	RTMENT OF HEALTH AND MENTAL HY	GIENG 😂	1 / 1 0 4
LOUGGI		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D
m 5		CEASED NAME FIRST	MIDDLE	P NOT DA	20. DATE OF DEATH	MONTH DAY YEAR 25 HOUR 7
by be death		EDITA	t	6 1516	JUNE	: 24 1484 10 AM
Le b	3. SE	×	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
ecto urs of	L	EMAVE	WHILE	2 11 1911	14	YRS.
Pool dir		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
deoth Coo		Md	USA	WIDOWED DIVORCED		CARIMUL MO
The second secon	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR:	SING HOME OR OTHER INSTITUTION EED ADDRESS)	12th USUAL OCCUPATION OF MOST O	FWORKING LIFE), INDUSTRY
201	W	ESTIMING EN	LIESTHINSTA	En NULL & CONV	4TP - 100D	SEMMICE
bound in de be	USU 13a	AL RESIDENCE (IF NURSING HOME OF	NIY 13c. CITY OR IC	ORE ADMISSION) OWN 138 INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE
ANA n 24	M	HILVUHINDEA	WILL WEST	MINSIPES IN NO [30 Focus	f It. 21157
ithii ithii d 2 s	14 F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST
1000	4	Nonas	DAWY	ER /774	YdE	1174ERS
0 D 0 0		YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCKYSE VE WAR OR DATES)	CURITY NO. 17 INFORMANT	72.7	Washington Rd
E B /6 1/		710 770	THE DIONA	MADMI BOOT	at West	tminsten, med
MA de	13	18 CAUSE OF DEATH (Enter or PART), DEATH WAS CAUSE	nly ane cause per line for (a), (b),	and ic	DEMAIL	STATE OF THE PARTY OF THE PARTY
The state of the s			TE CAUSE (a)	ASIAJIC A	VEIVO CH	TUNWING JYES
0 + 98 b	100		DUE TO, OR AS A CONSEC	DUENCE OF THE PRINCE	rodding,	
des des		Canditians, if any, which gave rise to immediate	(b)		~	
2 6 6113		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF		
100 4 11000			(c)			
DS, suite parties of the parties of	Z	PART Z. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	OTTON GIVEN IN PART ITO
8 1 1 1 1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
De la	FE				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
# 59 alas-	4 5	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUI		
五 電電車		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
NO STATE OF THE PARTY OF THE PA	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
V SA THE PARTY OF	X	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E FARM ETC) STREET	CITY OR TO	WN COUNTY STATE
N N N N N N N N N N N N N N N N N N N		22a.1 certify that (I) (this hospi	ital) attended the decrased from	n HUG 1951		1905, that (V (we) last
THE STATE OF THE S		saw the deceased alive an	ot) view the body after death.	and that in (my) (our) apinion	death occurred on the do	ate and haur and from the causes stated
4 1		221 SIGNATURE	/) III IV	DEGREE		22c DATE SIGNED
A 0 20 F		Wollings	+ ALIOWIES	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FIAN 1 6-74-85
TAN PER I		224. PHYSICIAN S NAME (TYPE C	ORPRINT)	11-1 12 ADDRESS ZIE	3 WASHI	NOTUN ACIGHTS
HOS SHIP		VAVIEL	J.WELLI	VERMU III	ESTWIN	CTEN-UD
5.5 5413	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23	C. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		BURIAL	6-26-85 7	MEAdow BRANCH	Westmine	tra Carrell THO
DHMH - 16 50M 4/83	男	UNERAL DIRECTOR O	1 1 1 1 +	2/ 1 1	TE REC'D. BY REGISTRAR	PSI REGISTRAR'S SIGNATURE
(VRA 15, 4)	Or	sout type I rette	. Melnin	Les ; Met. [11]	3 1985	chia Davidson-Manage

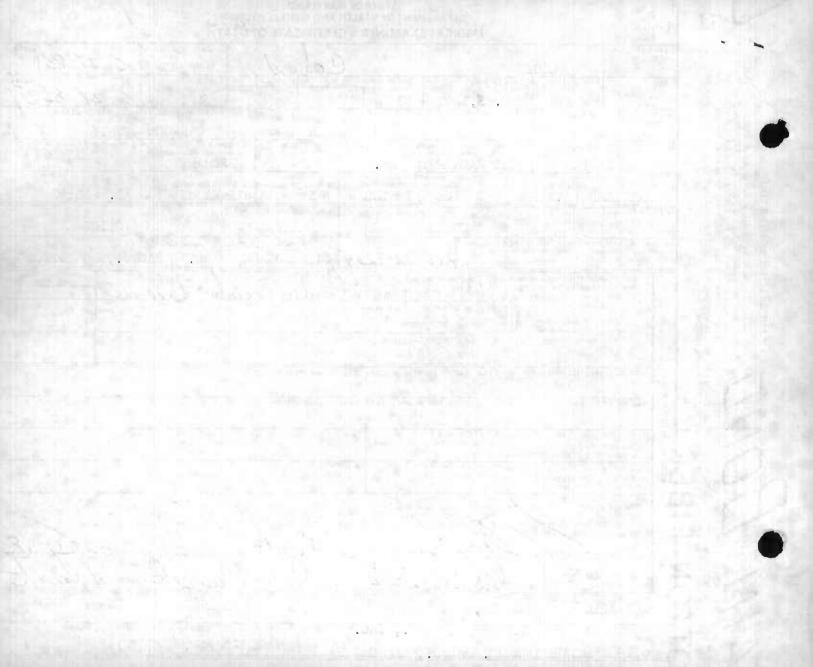
EDITH L EVENS JUNE 29 HIS 18 A FEMALE VIALTE 1181151 4 3 WESTANDSTRANTESTA INSTER INVID A COUR CTD - FOOD SE IDNICE REDUCE BOTTOM DESIGNATION OF THE STREET STREET TO NOT THE PART OF METHERATIC APPEND ARRANGE TYPER JONES OF BUILD BY DUNERY SET IN A State of the Sta

	- 1				E OF MARYLAND		1	6 2
184049	1	FOR STATE			EALTH AND MENTAL	() -1	1/1	0 3
ALC/SUME		REGISTRAR DECEASED NAME	FIRST	EDICAL EXAMINE	K'S CERTIFICATE	OF DEATH	REG. NO.	DAY YEAR TO HOLIR
		TYPE OR PRINT)		-	****		ESTI. XX	20 11001
PLEASE CTOR. FILES.	3. S		onald Is. Date of Birt	Raymond H 6. AGE (IN YEAR	Caples Sr		- 0-2	0 19 85 N
REASE LEASE HOURS STREET,	3. 3		MONTH DA	YEAR LAST BIRTHDAY	MONTHS DAYS HOURS	MIN PRONOUNG	ED	5.00
A D N N N N N N N N N N N N N N N N N N	- 1	Male Whi		. 1938 47 YRS	5.	DEAD	6-2 ORE CITY OR COUNTY	U 19 85 P. M
S S S S S S S S S S S S S S S S S S S	200	FOREIGN COUNTRY)			MARRIED NEVER MAR	RIED	~~~	OF DEATH
S S S S S S S S S S S S S S S S S S S		CITY OR TOWN OF DEAT		OSPITAL, NURSING HOME,	OR OTHER INSTITUTION	12a LISUAL OCCUP	oll County,	MD. KIND OF BUSINESS
PAGENT PA		New Windsor	Camper	FACILITY, GIVE STREET ADDRESS) parked at 11 GIVE RESIDENCE BEFORE ADMISSION	Main Street	The Co-Ow	way Restu	1 ampustry
21201	35 1	STATE STATE Laryland	Carroll	New Winds	YES NO [131 STREET ADDRESS	n Street	21774
ON (AND	7/1	FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIL	DEN NAME	ith	LAST
S SO	64	William WAS DECEASED EVER IN	Clinto	n Caples	Cather NO. 17 INFORMANT			Stone
S ATTR DE GIVE PAGE TITH FOR A PAGES I A VISION OF	1 100		1955-196			ne Stone		Westminste er Ma.
363-0			(Enter anly ane cause per li					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON S		PART I DEATH WA	IMMEDIATE CAUSE (a) H		Cardiovascular	Disease		
ESTON IN ITE NOTE HYGIE	È	Con the con the co		DR AS A CONSEQUENCE O	F			
WITH WITH RAN TAL	N K	Conditions, if an	mmediate (b)					
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RRING THE WORD "FENDING". IN PERFOLL IN ITEM INFORM THE WORD "FENDING". IN PERFOLL IN ITEM INFED TO THE CHIEF MEDICAL EXAMINER ALONGES SHOULD BE USED AS A BURIAL-TRANSIT PEN		cause (a) stating t lying cause last.	he under-	DR AS A CONSEQUENCE O				
SALE END	2	PART 2 OTNER SIGNIFICANT	(c) (c) (CONDITIONS CONTRIBUTIONS TO GEA	IN RUIT NOT BELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN	PART 1 (a)		
ECORDS BE EXECUTED WE EXECUTED WE EXECUTED WE EXECUTED WE EXECUTED WE EXECUTED WITH A PARTITAL A P	Z			besity	AL VINEAL ON CONDITION DIVER IN	ANT TIES		
L REAL	7	19a DATE OF OPERAT		DITION FOR WHICH OPERA	TION WAS PERFORMED?			20 AUTOPSY?
AT OR OR OF OR OT	Septimication		THE RESERVE					YES NO TO
OF V PATE TO BE TO	37 8			OF INJURY .M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2	1)
NO THE TOTAL	3/ 3	UNDERLYING ON CONTRIBUTING C		.M. 19				
VISI CERT TINC DED 3 S.F. DEP	A POOL	21d. INJURY OCCURRE	D 21e PLAC STREET, F.	E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNT	TY STATE
WRI WARGE	3	WHILE NOT W	ORK					
AINER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WARD, "FEN PE FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS MANN 31301 EDIFORTO MENAL TO MANN 31301 EDIFORTO MENAL TO AND 31301 EDIFORTO MENAL TO AND 19101 TO THE ALL MANN TO SHOULD BE USED AND AND 31301 EDIFORTO MENAL TO SHOULD BE USED AND AND 31301 EDIFORTO MENAL TO SHOULD BE USED AND AND 31301 EDIFORTO MENAL TO SHOULD BE USED AND AND 31301 EDIFORTO MENAL TO SHOULD BE USED AND AND AND AND AND AND AND AND AND AN	9	22a (certify th6) I t	aak charge af the remyins o	scribed abave, held an	Autapsy . Inspect	ian XX. Inquiry	and in my apini	ion
AMIN FIFTO	3	death resulted from:	Natural cause X	Accident , Suic	ide , Hamicide	Undetermined mar	ner .	
S S S S S S S S S S S S S S S S S S S	3	ACTUAL UL	1140 A	who he	TITLE (SPECIFY)		DATE	6 01 05
SHOW THE WAY	1	SIGNATURE		my will	M.D. Assistar	AT_MEDICAL EXAMI	NER SIGNED.	6-21-85
DIV TO MEDICAL EXAMINER: THIS CR EXECUTE THE CERTIFICATE, WRITE PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DIRECTIONS AND STATE DIRECTION		EXAMINER'S NAME (TYPE OR PRINT)	Dennis F. Sm	yth, M.D.	ADDRESS_111	Penn St.,	Balto., Md.	21201
DAY DAY	230	BURIAL, CREMATION, RE-	MOVAL 236. DATE 6-24-85	23c. NAME OF CEM	M. Church	23d, LOCATION	ster Carr	nsiay
07/84 BP	24	DULTAL						and the second second second
DHMH - 17 (VR A15 ME (5))) (2	12 The	Thomas Westr	D. Fletche Past Main S Minster. Md	treet 57	REC'D BY REGISTRAR	WILL DENGLOS	Mortage

Yes I see I see the land and a contraction of the land land land land and land

. He firsten und and de

190051	1 - ST	ATE				MENT OF H	EALTH		ENTAL H	YGIENE	9	17	1	6 4
		GISTRAR	FIRST	MEL	MIDDLE	EXAMINE		AST	CATEO			REG. NO.		WAR 21 PROLID
/		ASED NAME			WIDDLE		1	7 /	1		OF E	STI-	H DAY	YEAR 22 HOUR
# S.S.S.F.			LOU				(LOK	eN		DEATH MA	ATED 6	4	1905 M
STATE	3. SEX	4	RACE	S. DATE OF BIRTH	YEAR	6. AGÉ (IN YEAR LAST BIRTHDA)			HOURS	24 HRS. 2c. MIN. PR	DATE	D		052
ON SOUR	MAL		WHITE	NOV.28,1		82 YRS	5.				DEAD	6	21	1900) 1M
RAIL Y ALL	7a. BIRT	HPLACE (STATE	E OR	76. CITIZEN OF WH	AT COUN	ITRY?	B. MARRIE	D NE	VER MARRI	ED 🗆 9.		E CITY OR COU		EATH /
RESTON ST., BALTIMORE, MD. 21201 HIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLESE IN ITEM, BF. GIVE PAGES 1, 2, AND 31 OT HE FUNERAL DIRECTOR. R. ALONG WITH RORM PM. 3, RETAIN PAGES 5 FOR YOUR FILES. WITH PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS EMOVAL.		IARY LANI		USA			WIDOWI		DIVORCE			OLL COU		MD.
W. S. E. E. S. C. W.	10 CITY	OR TOWN OF	DEATH	11. NAME OF HOSE	ILITY, GIVE S	RSING HOME,	OR OTHE	ER INSTITU	TION		L OCCUPAT		K 12b KIN	ID OF BUSINESS
DELAY N PAG SE FIL	W	ESTMINS	STER	611 WAS						MERC	CHANT		RE	TAIL
A PER	USUAL 130. STA		IN NURSING HOME O	R OTHER INSTITUTION, GIV		OR TOWN	N)	134. INSIDE C	ITY LIMITS?	13e STREET	ADDRESS	1000	17.	
AND AND RETA		IARY LANI			WEST	MINSTE		YES	NO 🗆	611 W	VASHIN	GTON RD	. #21	157
AD. 23.3.3.3.3.4. AL. AL. AL. AL. AL. AL. AL. AL. AL. AL	14. FAT	HER'S NAME		MIDDLE	•	1100		IS. MOTHE	ER'S MAIDE	N NAME	MIDDL	6		AST
A FISH	LIN	CHARLI	ES		OHEN	LAST		M	ARY		MIDDL		LICKM	
BALTIMORE, MD. S AFTER DEATH. II GIVE PAGES 1, 2, 7/11H FORM PM 3. PAGES 1 AND 2 S INISION OF VITAL	16a. WA	S DECEASED E	EVER IN U.S. ARA		16b. SOC	IAL SECURITY	NO.	17. INFORA	TNAM	ROBERT	KAPL	ARESS		
LTIN LTIN SIGES		NO, OR UNKNOW!	(IF YES, GIVE	WAR OR DATES)	218	- 32-3	254	2410	SUGAI	RCONE	RD.	BALTO.	, MD	21209
A SIN THE STATE OF			DEATH (Enter onl	y one couse by line		on (c).)		7	1 .	-	/		AP	PROXIMATE INTERVAL
PRESTON ST., B ITHIN 24 HOURS CIL IN ITEM, B.C. EVER ALONG WITH ALONG WITH ALONG WITH AL HYGEINE, DIVE REMOVAL:	1		TH WAS CAUSED	BY:	4165	elevos	iil	cent	onla	er.de	ou di	1004	2 BETW	EEN ONSET AND DEATH
TON THE STATE OF TON TON THE STATE OF THE ST	4		IMMEDIAT		AS A CON	SEQUENCE O	F							
WITHIN WITHIN AINER A AINER A TRANSIT TRANSIT OF REMC			if ony, which										1	
W. W. W. I.			ta immediate ating the <u>under</u>	DUE TO, OR	AS A CON	SEQUENCE O	F							
201 W. PRI UTED WITH IIN PENCIL EXAMINER RIAL-TRAN D MENTALI		lying cause	last.	(4)										
	1	ART 2 DTHER SIGN	IFICANT CONDITIONS	(CONTRIBUTING TO DEATH I	UT NOT RELA	ATED TO THE TERMI	NAL DISEASE	DR CONDITIO	N GIVEN IN PAI	RT 1 (a).				
CORD: BE EXE EDICAGEDICAGE S.A. B.L. S.A. B.L. S.B. B.L.	Z													
A A A A A A A A A A A A A A A A A A A	CERTIFICATION	9a. DATE OF O	PERATION	196 CONDIT	ION FOR	WHICH OPERA	ATION W	AS PERFOR	RMED?		100		2D A	UTOPSY?
SHOULD SHOULD SHOULD SPECIFIED SHOULD SPECIFIED SPECIFIE	표												Y	ES NO
OF VITA ATE SHO THE CHIE NID BE US MENT OF		10. EXTERNAL	CAUSE WAS	21b. TIME OF			21c. HC	W INJURY	OCCURRE	D (ENTER NAT	URE OF INJURY	IN ITEM 18 PART 1 OF		
S SHEET S		INDERLYING	OR CAUSE OF D		MONTH	DAY YEAR								
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL ES SHOULD BE USED AS A BUE DEPARTMENT OF HEALTH AND TO PRICE AND T		Id. INJURY OC		21e. PLACE C		(AT HOME,		CATION		-		1.00		4 3 6 1 3 5
DIVISIO S CERTIF REITING REDED TO GE 3 SH TE DEPAI	X Y	WHILE AT WORK	NOT WHILF	STREET, FACT	ORY, FARM, E	TC.)	S.	TREET		(CITY OR TOWN		COUNTY	STATE
PAWAWA SIL		-)	/	7			V (8)	TA .	P	8		
EXAMINER: CERTIFICATE NUD BE FOR DIRECTOR: WARYLAND,		/	that I took chorg	e of the remoins des	Abed obo	1	Autops	1	Inspection		Inquiry	ond in my	opinion	
WE WE WE WE		death resulted	from North	ol court	Accident	Sui	cide L.J.	- 11	cide L.	Undetest	nined monn	er,		
WAN WAR		ACTUAL (11.1	///X	/			TITLE	SPECIFY)	-		DA	E 71	· 8 . 86
SHE SHE		IGNATURE -	Societa	- 4 9	cue	in	M.	D	Juny	MEDIC	AL EXAMIN	ER SIG	NEU_	yener
W S DE S	E	XAMINER'S N.	AME	0/0	(an Sant	1	1	advo			(000/a	10/1	10111-
TO MEDICAL EXAMIN EXECUTE THE CRETIFIC PAGE 4 SHOULD BE FO AFTER DEATH UNITH THE BALLIMORE, MARYLAN		TYPE OR PRINT		enogen,	70%	S MY		ADDRESS		- Con	my		01 /	The state of the s
	230.BUR (SPE	RIAL, CREMATIO	ON, REMOVAL 2	JUNE 30,19	85 23c	ETH JAC	OB	K CREMATO	URY	FIN	RSBURG	G CARR	OFT	MDATE
BP		VERAL DIRECTO								REC'D BY PI	EGISTRAR I	25b REGISTRAR'	SSIGNAT	LIRE
DHMH - 17	,	NAME		LEVINSON				- 1	JUL		1005	0		
(VR A15 ME (5)) 20M 4/82		6010 RE	ISTERST	OWN RD. BA	LTO.	, MD 2	21215		301	- 00	COE	ie Davis	Bon-A	andoss.



164118

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

0

FOR - STATE REGISTRAR

STATE OF MARY! AND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

REG. I	10.			
ATE OF DEATH	MONTH	DAY	YEAR	2b
	6	5	85	
E LIN YEARS LAST B	RTHDAY)	IF UN	DER I YEAR	IF.
		- Charles		

white Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE I STATE OR FOREIGN

Carroll

5 DATE OF BIRTH

BALTIMORE CITY OR COUNTY OF DEATH

Maryland I CITY OR TOWN OF DEATH

I DECEASED NAME (TYPE OR PRINT)

COUNTRY

3. SEX

DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NEVER MARRIED

FIRST

Anna

126 KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret.-Capt Baltimbre City FD

Svkesville 451 Klee Mill Rd. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN

USA

4 RACE

13d INSIDE CITY LIMITS?

13e STREET ADDRESS / ZIP CODE 451 Klee Mill Rd. 15. MOTHER'S MAIDEN NAME MIDDLE

ADDRESS

21784 Gischel

4 FATHER'S NAME Leo

Maryland

MIDDLE Curran

166 SOCIAL SECURITY NO. 17 INFORMANT

Sykesville

MD

21784

NO

(IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (ch), (b), and (c).

IMMEDIATE CAUSE (o).

213-03-8703

Svkesville

Mrs. Grace Curran 451 Klee Mill Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

60. WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY:

DUE TO, OR AS A CONSEQUENCE OF

DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITS JIMU

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

STATE

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH CIF FITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

211 LOCATION

WHILE NOT WHILE 22a.l certify that (I) (this bespital) attenues the

CERTIFICATION

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

COUNTY CITY OR TOWN

(SPECIFY)

sow the deceased alive on_ (did not) view the body after peat

DEGRA ATTENDING

22e ADDRESS

and that in (my) (on opinion death occurred on the date and hour and from the causes stated MEDICAL

22d PHYSICIAN'S NAME (TYPE OR PHI

Park W. Espenschade Jr

200 Memorial Ave.

21157

BP

DHMH - 16 50M 4/B3 (VRA 15, 4)

should h

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 6-8-85 23¢ NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

23d LOCATION

DIRECTOR PHYSICIAN

Pikesville Baltimore

24 FUNERAL DIRECTOR LOring Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR 8728 Liberty Rd. Randallstown, MD 21133

811100 CNE I 950 188 B - 5 AARARIUS CHAROLLEGATO Louis reprints to the firm was the second of the parties of THE RESIDENCE AND ALL OF THE PARTY OF And the state of t Short Turk

78065	1.	FZ/3/85 Item STATE REGISTRAR	11 L.J DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	17166
oth oth		CEASED NAME FIRST Kath	MIDDLE G.	Delle	20. DATE OF DEATH	
4 moy or pog	3 SE		4 RACE	S DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTI	
directo ours o		EMQLE.	76 CITIZEN OF WHAT COUNT	12 10 06.	9. BALTIMORE CITY OF	YRS. P COUNTY OF DEATH
nerol na 72 h		est minster me	1100	MARRIED NEVER MARRIED 2	Carro	
ofter d	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION (TREET ADDRESS) rellington Villige	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
4 hours	USU 13a	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE INTY 136. CITY OR	SEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	1	01116
othin 2	T∳°F/	THER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDEN N		lew when Rd.
omple ond		michael	A D	oyle. Carr	e	mccally
Poges		1400	IVE WAR OR DATES!	34-0776 N. Geti	ADDRES	Bonn tallo Ct. Own
is that the death certificated by the ottending phy please remove carbonpoural, cremation, or remove, or other traumatic event,		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSI	1 VIIII E	NEEDHA.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LOPATHY 15 YE
ne low requir.	IIFICATION	19a DATE OF OPERATION		HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
physicic physicic prificate of transit mil Hygic	AL CERTIF	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJUR	
the the condition of the conditio	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OF	211 LOCATION	CITY OR TOW	N COUNTY STATE
CTOR Ah forumon of health		22a I certify that (1) (this hasp saw the deceased plive of	oital) arended thereforegaed from the bank after death.	1985, and that in (my) (aur) apinio	n death accurred an the da	te and haur and from the causes stated
PITAL OF The hor CERAL DIRE Sedimenthal Share Dept.		222 SIGNATURE	Mollier	DEGREE ATTENDING PHYSICIAN 122 ADDRESS ATTENDING PHYSICIAN	STAFI	
Sound by Manual County of the		DANIEL	WELLIVE	ER MA TIG	STUINK	TER HID
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BULLIA	L 23b. DATE 6-17-85	St. John's	Jo LOCATION CITY OR TOWN Westmin	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	INERAL DIRECTOR	Pritt & ADDR			Sh REGISTRAR'S SIGNATURE

183149	1.	FOR - STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG	REG. NO.	1 6 /	
nay be page 3 sr death		CEASED NAME FIRST	nerine Virgin	ia I	RONEBURG		DAY YEAR 26. HOUR 0729 M	
ge 4 may ector, par	3. SE	x Female	4. RACE White		DF BIRTH 29, DAY 1901 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 84 YRS.	FUNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN.	
deoth. Po	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTE U.S.A.	WIDOW		9. BALTIMORE CITY OR COUNTY Carroll & Con	inty, MD.	
by the filed wife	W	estminster	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CARROLL County Ceneral Hospital			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOMEMAKET	126. KIND OF BUSINESS OR INDUSTRY HOME	
In 24 hours of the second of t	130.	Maryland Fre	or other institution give residence be inty ederick 13t. City Or To ederick 1 rede	rick	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	9824 Hall Road	, 21701	
ompletel ond 2	20 2		Enos Kemp		Eleanor	WIDDLE	Zimmerman	
be execu	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SI		Eleanor O'B	rien, 9830 Hall	Maryland 21701	
cate ysicing and ysicing enemal.		PART I. DEATH WAS CAUS	only one couse per line for (a), (b) SED BY: ATE CAUSE (a)	ri Cu	las fibril	lation	BETWEEN ONSET AND DEATH 30 MM MMC	
by the means are controlled by the means are controlled by the con	S shows ony injury, or other troumatic	ol, cremotion, or r	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	le	Lyo cordial	Infarction	(o Hours
equires en signe Then pli rr to buri		PART 2 OTHER SIGNIFICANT	1000	O DEATH BU		MINAL DISEASE OR CONDITION GIV		
The law ion. has been if permit perm		190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATIO		YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? IS NO	
SCIAN: The ng physician graph physician certificate hurial-transit grantal Hygies item 18 shape		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR		RED (ENTERNATURE OF INJURY IN ITEM 18.1	ART 1 OR PART 2)	
offendir frer this os the but h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ATTENDIN spitol or CTOR: A dfor use of Health		sow the deceased alive a above, (I) (we) (did) (did a	pital) attended the deceased from 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			deoth occurred on the date and hou		
by the hore here here here here be detoched by the DIRE ANT. If there here		22d PHYSICIAN'S NAME (TYPE	why propo	inn	ATTENDING PHYSICIAN [MEDICAL STAFF	6-18-85	
TO HOSPITAL retained by th TO FUNERAL should be deta with the State		CHITRACHET	DU NAGA		700 A poole	Rd weithing	En 1921157	
BP		Burial, cremation, remova	June 21, 1985		cemetery or crematory iyet Cemetery			
DUMAN 14 5044 4 / BO	24 F	UNERAL DIRECTOR	and Bagrard Min	10727	250. DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE	

106 East Church Street, Frederick, Md. 21701 WM 614 4005

(VRA 15, 4)

			HIRL nã	Lun.	BILL SECTION		
		1900	e Use mail	1		0[2-7]	
,	\$ C					Britani	
	Tell week						
4919 per	9621 111 198						
namet all		With the Di			3013	40273/4	
Tao C	den, vader	nii in magan	Elle outs	15-813	orto	10 P	
er di es							
	Jo of Sec.						

STATE OF MARYLAND

Manhington D.C. American

grant

20879

Harvland Monto, Gaitherabure x 25012 Silver Creet Dr.

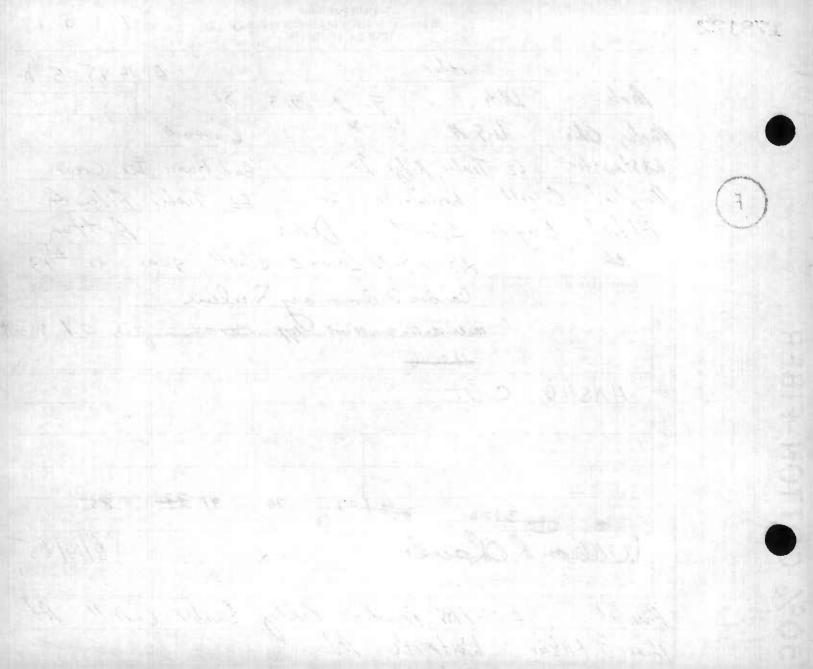
Millian F. Number Julia Bana

No 212-88-6603 Spirley Williams Item 13

Eurial 6'29/1985 Gate of Moaven Silver Spring

Din L. Molesverth, P.A., Damascus, Md. ali

178122	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 3 REG. NO.	7 1 6 9
4 may be or page 3 other depth		Rona.	ld Arthur	Elwell 5. DATE OF BIRTH	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR 14 85 5 AM IF UNDER I YEAR IF UNDER 24 MS MONTHS DAYS HOURS MIN.
Sing (Limited of the party specification of the	7a. H	ENTER ONE TO THE	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED URSING HOME OR OTHER INSTITUTION	D Carroll	
100 P	USU 13//	L RESIDENCE IF YURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE		(Type of work for host of working	Filte Q.
MORE, MARTIN		VAS DECEASED EVER IN U.S. AL	MIDDLE ARE E/W WARD FORCES? 166 SOCIAL IVE WAR OR DATES) 2/8-0	SECURITY NO. 17 INFORMANT	MIDDLE	Button
W. PRESTON ST., BALL of the droth certificors is by the citraling physical servement curbon popers centilidas, or removal other froundfile event, the	N. C. T. N. S. S. S.	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS! IMMEDIA Conditions, if any, which gave rise to immediate course to immediate underlying course last.	(TE CAUSE (0) Cand	Lio-Pulmonay EQUENCE OF the Small cell underfo	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Lucy 2 1/2 Mor
ALRECORDS 201 The low requires the color. Not been signed in general Them pless open grown to be color. And the color in the color.	CERTIFICATION	HASHD,	CONDITIONS CONTRIBUTING C // 196 CONDITION FOR W	G TO DEATH BUT NOT RELATED TO THE	200 AUTOPSY? 20b. II YES NO	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VIII	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	19 211 LOCATION STREET	CURRED (ENTER NATURE OF INJURY IN ITEM	COUNTY STATE
HOSPITAL OR ATTEND oned by the Mospital or FUNERAL DIRECTOR. A suid the described for use title Some Dept. of their ORTANT. If hem 21 is m.	TO I WAS	220.1 certify that (I) (this hosp sow the deceased alive or above. (Miwe) (did) (did not above. (Miwe) (did) (did) (did not above. (Miwe) (did)	of 3/22 of Driew the body offer death. Record	DEGREE ATTENDIN PHYSICIA 22e ADDRESS	G _ MEDICAL _ STAFF _	6/14/85
BP	1	PRIAL, CREMATION, REMOVAL		Providence CEAR	BRY 236 LOCATION CITY OR TOWN	Carroll And.
DHMH - 16 50M 1/81 (VRA 15, 4)	11	MARI D. FREDOR	West m	Fixfler Ad. 25g		SISTRAR'S SIGNATURE La Davidson-Handale



Home, Hampstead, Md

tline Funeral

Charles March 1988 - 1989 - 19 1 3 North 2 32 6 JUN O 4 185 J. Commerce . Boxes.

/	100		STATE OF MARYLAND	449 8
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👸 🖒	/ 1
191010		REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
30.00 30.00 00.00	1. DE	CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR	26 HOUR
4 45	(,,,,,	HLBEK	1 KIMBUAUGH HAKMAN 630 KS	5 112:15Am
1 11	J. SE	110.	4. RACE S DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER LYE	
1 2 (In		MALE	CALC ASIAN 25 07 18 YRS	
4 16 10		OUNTER VIOCILIA	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	NTV
1 11/27	ilo.C	TY OR TOWN OF DEATH		OF BUSINESS OR
1910	W	ESTMINSTER	LIF YOUN SUCH FACILITY, GIVE STREET HOPRESS INDUSTE	
1 11 91	USU.	LESTEDENCE IF NURSING HOME OF C	OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 17 134. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE	
	M	AMLANDI CAI	CHOLL WEST MINITER YES & NO [] 201 ST. MAILY WAT	21/5
1 1/1//	74. F2	THER'S NAME	15 MOTHER'S MAIDEN NAME	LAST
100		TUKNER		(KNCWN)
(10) /	160	(IF YES GIVE	wed forces? 166 Social Security No. 17 INFORMANT 201 St. Mark WAR OR DATES! 522-20-722 Mary Alice Hackman Westminster.	Way
\ ///	UT			OXIMATE INTERVAL EN ONSET AND DEATH
milico phy phydd period period	18	PART I. DEATH WAS CAUSED	DOBY. E CAUSE (a) PARKINSON'S DISEASE	
of contract of			DUE TO, OR AS A CONSEQUENCE OF	
deoi otte tion,		Conditions, if ony, which	(b)	
the remo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
thot d by eose ol, cr		underlying couse lost	(c)	
gne gne buri buri ny, o	_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	110
requence or to	CATION	Organic	Brain Syndrova.	
low s be price s on s	CA	190 DATE OF OPERATION	196 CONDITION, FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FIN. IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
The tion.	CERTIF		YES NO YES	NO 🗌
hysid ficot fron Tron 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN LITEM 18 PART LOR PART 2	n
SICIA ng p certif certif riof-t	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	
PHY tending the bund W	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY	STATE
After of a sorth of the orth o		AT WORK	tol) attended the deceased from 4/22 19 65 to 6/26 1985	
The Tree		220.1 certify that (1) (this haspite sow the deceased alive on:		-, tho (1) (we) lost
ATT Ospin ECT ed for or of		above (11)(we) (did) (frid nat	I view the rody after death.	TE-SIGNED
the h the h al DIR al DIR etoche the Dep		horman	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	30/85
SPIT. J. by NER. NER.		224. PHYSICIAN'S NAME TYPE OR	RPRINT) (22e ADDRESSO (C Complement) Head Med (2)	tr
TO HOSPITAL of Foundation of the State of Management of the State o		Norman Gold	Istem Wantminsfer, hel 21157	,
5 g 5 g 3 g		URIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION	
BP		Cremation Cremation	July 1, 1985 Carroll Cremation Svc. Hampstead, Carroll,	Maryland
DHMH - 16 60M 7/84	24. FI	INERAL DIRECTOR	136 E. Baltimore St. 1250 DATE REC'D. BY REGISTRAR SIGN	ATURES & AM
(VRA 15, 4)		Skiles Funeral 1	Home Taneytown, MD 21787 JUL 05 1985 Julia Davido	Mar Market

description and statement of the comments TOLER, Dark New York Community of the Machine Restmineter, No. 21 and Community of the Comm Granation with 1. 1981 Compoli Swamming Syc. - mestawd, Larry L. Larry and Skiles Turerat Home Tonewtonn, bu 21767 High B Mos y without the

168017	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 5 1 7	172
ay be ooge 3 death	I. DECEASED NAME (TYPE OR PRINT)	AMIE M.	HARRIS	20. DATE OF DEATH MONTH DA	1985 11:30 A
ector, F	Female	4. RACE White	5. DATE OF BIRTH MONTH 3 31 1900		UNDER 1 YEAR OF UNDER 24 HRS
272 hou	70. BIRTHPLACE (STATE OR FO		MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	DF DEATH
the fund within	Maryland 10. CITY OR TOWN OF DEAT	(IF NOT IN SUCH FACILITY, GIVE		Carroll C 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HW F	12b. KIND OF BUSINESS OR INDUSTRY
Illed in by	13a. STATE	G HOME OR OTHER INSTITUTION GIVE RESIDENCE 3b. COUNTY 13c. CITY OR	BEFORE ADMISSION)	13e. STREET ADDRESS	
MARYLA ed within npletely f ond 2 sho examiner	Md. 14. FATHER'S NAME FIRST Un kn o wr	MIDDLE LAS	15. MOTHER'S MAIDEN NA	1828 Manchest	LAST
TIMORE, I	160. WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? 166. SOCIAL	SECURITY NO. 17. INFORMANT	ADDRESS cis Harris, Wes	tminster.Md.
tDS, 201 W. PRESTON ST., BAI equires that the death certificate signed by the attending physici Then please remove carban paper to burial, remation, ar removal. niury, or ather traumatic event, th	Conditions, if ony, gove rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNI	which rdiate the last. (c) UE TO, OR AS A CONS	RDIAC AR		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 4 44 4
The law rion. Th	190. DATE OF OPERATION OF THE PROPERTY OF THE	ON 196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The ottending physicion has certificate has the buriol-transit phond Mental Hygier than Mental Hygier and Mental Hygier parked or them 18 shop	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE	USE OF DEATH LEXAMINER) HOUR A.M. MONTH P.M. D 21s. PLACE OF INJURY	19 21f. LOCATION	RED (ENTERNATURE OF INJURY IN ITEM 18 PART	
Sa eol	220.1 certify that (I) (1	his hospital) attended the deceased for	ram 6 9 19 85	CITY OR TOWN	that (I) (we) last
O HOSPITAL OR ATTER etained by the hospital TO FUNERAL DIRECTOR should be detached for a with the State Dept. of H MPORTANT: if them 21 is	saw the decessed t	Olive on the body ofter death. Para AE (TYPE ORPRINT) AT A A A	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN D	6.10.83
TO HOSP retained TO FUNE should be with the Should be with the Should be the should	230. BURIAL, CREMATION, RI	EMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d VOCATION	
ВР	Burial		Wesley Cemetery		arroll odd.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Eline Fune	eral Home, Hamp	RESS	TE REC'D. BY REGISTRAR 256 REGISTRA IN 13 1985 Culia Da	r's signature

WYC.CO.

Burial

83136		1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5		7 1	7 3
noy be page 3			CEASED NAME FIRST Ruth	Sı	middle usette	На	rris	20. DATE OF DEATH	MONTH D	W YEAR	26. HOUR 7 /330 M
ge 4 mo) ector. pa	3	SEX	emale	4. RACE Whi	te	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BI	YRS	TONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Po	5	N	RTHPLACE (STATE OR FOREIGN OUNTRY)		5.A.	MARRIE		9. BALTIMORE CITY O	l Co.	,	MD.
rs ofter dec by the func filed within	0	We	estminster	Carro	CHEACILITY, GIVES	Genera	ROTHER INSTITUTION 1 Hospital	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Clerk		INDUSTRY	BUSINESS OR
vithin 24 hours etely filled in by 2 should be file nine must be fre		MS		CUNTY POLL	134 CITY OR	BEFORE ADMISSION) TOWN Airy	13d. INSIDE CITY LIMITS? YES NO X	5514 Cat	bage	(217 Spring	771) g Rd.
100	U		THER'S NAME Vernon	L.	Gar	ver	15. MOTHER'S MAIDEN NA Mamie	MIDDLE		Purc	
on the medico		6a ₩ (Y	AS DECEASED EVER IN U.S. ES NO OR UNKNOWN) 1 IF YES	ARMED FORCES?		8-8170	William L.				Sprin
t de la se			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r only one couse pe USED BY: DIATE CAUSE (0)	CARD	10 GEN	10 SHOC	Κ			MATE INTERVAL INSET AND DEATH
NG PHYSICIAN: The low requires that the death cer attending physician. After this certificate has been signed by the ottending as the burial-transit permit. Then please remove carbo th and Mental Hygiene prior to burial, cremation, or reported or them 18 shows any injury, or other troumatic.		1	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)_	OR AS A CONS	- my		NEARCT, ON	Dugge	· · ·	eari
equires the signed Then ples r to burio injury, or		NO	PART 2. OTHER SIGNIFICAL	NT CONDITIONS C					IDITION GIVE	EN IN PART 110	
The low relation. It has been said permit. It is shows only in	9	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES (
4YSKCIAN: The ding physicionsis certificate h buriol-tronsit Mental Hygie or them 18 sho			218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FOEATH HOUR A	OF INJURY M. MONTH M. •	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	ART) OR PART 2)	i digit
NG PHYS attendir fier this as the bu in and Mo		MEDICAL	21d. INJURY OCCURRED WHILE OT WHILE OF AT WORK		OF INJURY TREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO		COUNTY	STATE
ATTENDI spital or CTOR: A for use of Heal			22a I certify that (1) (this his saw the deceased alive above, (1) (we) (did) (did)	on	0/20	6 4	d that in (my) (our) opinion	death occurred on the c			hot (I) (we) lost ouses stated
TO HOSPITAL OR A retoined by the hor TO FUNERAL DIRE should be detoched with the State Dept in the Sta	-		226. SIGNATURE	YPE OR PRINT!	huo	zes J	ATTENDING PHYSICIAN (MEDICAL STA	FF CIAN [6/2z	/
Bb Of which will be a second of the second o	7	3a. B	urial, cremation, remove Burial		-1985		EMETERY OR CREMATORY St Grove	23d. LOCATION CITY OR TOWN	Fr	ederic	k, Mď.
DHMH - 16 50M 4/82 (VRA 15, 4)	2		naries W.Bu	rrier,	Jr.,Sy	Kesvil	le, Md. LUNA	TE REC'D BY REGISTRAN	256. REGISTE	RAR'S SIGNATU	IRE

		02.7780	Paga aurig	11711117	
		No. N	\$7.10 \$1.00		Famo
ŧ •	Liourno	See Little		lui lui	
	Watt.	Intimol Isra	.00 1000	an Eath	Yang Rah
	adde0 413	The state of the state of			
Boyens Boyens		- igel			
a a sandi a cr	127	A AND ESCAPE OFF	- 22-026		
		Carrier State	1 3 4 4 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6		

(VRA 15, 4)

STATE OF MARYLAND

THE WAR DESCRIPTION OF THE PARTY OF THE PART Who water the secure of the fact of the street of the CWI CALL THE CHENTAL THE SHEETS SEE WATER TO SEE SEED SHEETS AND SOUTH THE STATE OF THE STAT

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND

LAST

5. DATE OF BIRTH MONTH

Mav

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Koontz

REG.	NO.

	REG. N	40.				
	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	IR
		6	15	85	163	30
& AGE (IN YEARS LAST BIRTHE		RTHDAY)	IF UN	DERIYEAR	IF UNDER	24 HR
			MONTH	5 DATS	HOUR5	MIR

Carroll	0	TT C A	MARRIEDX	NEVER MARRIED
Carrott	county	U.S.A.	WIDOWED	DIVORCED
10 CITY OR TOWN (OF DEATH	11. NAME OF HOSPITAL	NURSING HOME OR OT	HER INSTITUTION

White

76 CITIZEN OF WHAT COUNTRY?

Sarah

VEVER MARRIED DIVORCED [

Carroll 126 KIND OF BUSINESS OR

13e STREET ADDRESS / ZIP CODE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Westminster Carroll County General Hosp.

MIDDLE

4 RACE

13d INSIDE CITY LIMITS?

INDUSTRY Housewife

Koontz Westminster. Md.

BALTIMORE CITY OR COUNTY OF DEATH

130 STATE

Female

TO BIRTHPLACE I STATE OF FOREIGN

Maryland estminster Carroll

2709 15 MOTHER'S MAIDEN NAME EIRST

1914

Tyrone Rd. 21157 MIDDLE

14. FATHER'S NAME Elmer

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Wantz 166 SOCIAL SECURITY NO

Elsie 17 INFORMANT

Starner 2709 Tyrone Rd.

No

(YES NO OR UNKNOWN) HEYES GIVE WAR OR DATEST

Margaret

18 CAUSE OF DEATH (Enter only one couse per line to

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Conditions, if any, which gove rise to immediate couse 101, stoting the

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

underlying couse lost

IMMEDIATE CAUSE IO

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a.	ACCIDENT WAS UNDE	RLYING -	

21b. TIME OF INJURY HOUR A.M. MONTH DAY

IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

190 DATE OF OPERATION

YEAR P.M 21e PLACE OF INJURY

211 LOCATION

CITY OR TOWN

COUNTY

20b. IF YES, WERE FINDINGS USED

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOT WHILE

WENTERDO

275 SIGNATURE

220.1 certify that (1) (this haspital) attended the deceased from, 19 85

(AT HOME STREET, FACTORY OFFICE, FARM ETC.)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNER

STAFF

200 AUTOPSY?

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

230 BURIAL, CREMATION, REMOVAL SPECIFYI

23¢ NAME OF CEMETERY OR CREMATORY Pleasant Valley

Rleasant

DHMH - 16 60M 7/B4

(VRA 15, 4)

CERTIFICATION

MEDICAL

- 1 1 1914 71 78 - 1 1 1914 71 71 1914 71 1914 71 1914 71 1914 71 1914 71 1914 71 1914 71 1914 71 1914 71 1914 driverson . The Agreement of the Electric transmitter aryland carroll describater ox 2709 Tyrong Mo. 2115v 2709 Parone Ld. 212-05-784 -Alph . . Conth Hastmington, . d.

the flowers veliev trassed by crey proments about this prince

184116	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.	7 1 7 6
r death	I. DECEASED NAME (TYPE OR PRINT)	a. Date of Death	NAY YEAR 26. HOUR P
offer d	3. SEX Female	4. RACE S. DATE OF BIRTH Cauc. S. DATE OF BIRTH MONTH DAY YEAR 10 74 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ath. Pog erol direc	70 BIRTHPLACE (STATE OF FOREIGN COUNTRY) MD	12. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED ON NEVER MARRIED Carroll.	Y OF DEATH
on the fundation of the	Westminster	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (Carroll County General Hosp, hospital wo:	
SALTIMORE, MARYLAND 2120 cote be executed within 24 hours systeion and completely filled in by opers. Pages on 2 sould be had you.	MD Car	PROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JISTY 136, CITY OR TOWN 136 INSIDE CITY LIMITS? 130 STREET ADDRESS POLI Westminsteryes NO A 201 St. Matt	21157 hew Court
MARYL appletely on 2 s on 2 s	14. FATHER'S NAME FIRST Wesl		Bratzel
IMORE.	160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SIVE WAR OR DATES) 215-07-5659 Morgan Leister 13e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., at the death certific by the attending ph se remove corbon p. c. cremotion, or remoother froumotic even	Conditions, if ony, which gave rise to immediate couse (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANI	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	VEN IN PART Ito:
TAI RECOR	THE DATE OF SEPTION. 210. ACCIDENT WAS UNDERLYING	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
DIVISION OF VI R ATTENDING PHYSICIAN: hospitol or ottending phys inRECTOR: After this certifico thed for use as the buriol-tro thed for use as the buriol-tro frept. of Health and Mental Hy ltem 21 is marked dividem 18	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK 270.1 certify that (this has sow the deceased alive of	PATH HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN 21l. LOCATION STREET CITY OR TOWN 21l. LOCATION STREET CITY OR TOWN DEGREE DEGREE	COUNTY STATE
TO HOSPITAL C retoined by the TO FUNERAL D should be detected by the should be detected by the short D	230 PHYSICIAN'S NAME (1791) 230 BURIAL, CREMATION, REMOVA BURIAL 24 FUNERAL DIRECTOR 4		COUNTY STATE C Carroll MD TRAP'S SIGNATION
DHMH - 16 50M 4/B2 (VRA 15, 4)	Robert K. Pri	ADDRESS	Jan Randelle 3

A I Say report mental it in a destallation floring 215-07-06-00 Hope an Lefteen 130 or The contract of the second of The way of the land open mai Ladella Ladella de la contrata del contrata de la contrata de la contrata del contrata de la contrata del la contrata del la contrata de la contrata del la contrata de la contrata de la contrata del la contrata del la contrata del la con

184033	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTA TIFICATE OF DEATH		71//
noy be poge 3		CEASED NAME FIRST Walte	E.		Long	20 DATE OF DEATH MONT	17 85 M
ige 4 mo; rector, po urs ofter o	-	Male	Cauc.		ATE OF BIRTH AONTH DAY YEA		IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
denth. Po		RTHPLACE I STATE OR FOREIGN COUNTRY MD	76. CITIZEN OF WHAT	MA	RRIED NEVER MARRIE	o a Carroll C	Tourty MO.
10 10 10 00 O	u	estminster	CA HOLL C	HITY, GIVE STREET ADDRESS	me or other institution	postal em	king Life) 12b. KIND OF BUSINESS OR INDUSTRY post office
TO THE STATE OF TH	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUT MD Cari	NTY 13c. C	esidence before admiss City or town stminst	134. INSIDE CITY LIM	1437 Gor	21157 such Rd.
1100	1	ATHER'S NAME FIRST Charles Wal WAS DECEASED EVER IN U.S. AR		Long	Ett	WIDDLE	Tawney
LTIMORI Sun and Sun Proper		yes, no or unknown) (if yes, gives Ko)	rean 21	9-14-79			A BPD A VIALA YE INVEDVAL
A Constitution of the cons		18 CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE IMMEDIA	D RY.	TEUTE 1	nyocardial	infarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH H hours
1 W. PRESTOR that the death by the actual assertment of Committeen, a rether frounds	September 1	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last	(b)	A CONSEQUENCE (HSCVO		2 415
NEDS, 20	NOI	PART 2 OTHER SIGNIFICANT				E TERMINAL DISEASE OR CONDITIO	
AL RECO	CERTIFICATION	19a DATE OF OPERATION			ATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
SICIAN of physical certification and the service of	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M/	MONTH DAY Y	E AR	OCCURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
DIVISION NG Perry On the bu	MED	21d. INJURY OCCURRED		CTORY OFFICE, FARM, ET		CITY OR TOWN	COUNTY STATE
ATTEND Science of After use 1 of Mea	1	220.1 certify that (1) this hosp saw the deceased glive on above (1) we (idid) (did no			, and that in (Ny) our) o	pinian death accurred on the date ar	
TAL OR PARE A CANONICAL DES		27d PHYSICIAN'S NAME (TYPEO	Talfacelle	0	DEGREE ATTEND PHYSIC	MEDICAL STAFF	221. DATE SIGNED 6-17-55
TO HOSP reformed thould by the the	72-	Alva S. 18	Paker N	1-D.	West	muster MD 2	1157
ВР		Burial	6/21/8	5 Lei	of CEMETERY OR CREMA	Westminst	er Carroll Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		bert K. Prit	Washingt ts, Sr.,	Westmin	ster, Md.	50 DATE REC'D. BY REGISTRAR 256 R	Davidson-Raydese

STATE OF MARYLAND

TOURS CONTROL TOUR CONTROL CONTROL CO years Murrean Sin-le-Wood Jum 1. bong 138 SHE SE CAN WALL OF ME · LIGHT CONTRACTOR a lactored | Pelist | Lactored and a company of the Address of the contract of the

FUNERAL HOME WESTMINSTER. MD

STATE OF MARYLAND

FOR

(VRA 15, 4)

Loggoda

184037	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYL HEALTH AND IFICATE OF	MENTAL HYGI	0 0	REG. NO.	17	1 7	7 9
moy be poge 3 er deoth			ERA		R	1 ()	SSERI OF BIRTH		20. DATE OF DE	ATH M	S 17	VEAR 85	26. HOUR TAZO TA
ge 4 m	3. SE	male	333	4. KACE	white	MOI		YEAR 20	64			VIHS DAYS	HOURS MIN.
leoth. Pag in 72 hou of once.		RTHPLACE (STATE OR FO	ORE IGN	76. CITIZEN OF US		MARR	IED NEVER	MARRIED	9. BALTIMORE Car	rol	COUNTY O	FDEATH	MD.
by the fu	N	ry or town of DEA estminst	er	Carro	CHEACILITY, GIVE	URSING HOME STREET ADDRESS) Gen	Hosp.		(TYPE OF WORK FOR Manag	MOST OF V		INDUSTRY	cond.
AND 212 n 24 hou falled in nould be	130. 5	Md	136 COUN	OTHER INSTITUTION ITY	13t. CITY OR		YES [№ 🗶 ОИ			w Rid	21102 ge Ci	
MARYLAND 21201 The seculed within 24 hours in the seculed within 24 hours in by opers. Pages 1 and 2 should be file vol. With medical exeminer must be for the secular in the medical exeminer must be for the secular in the secular	1	THER'S NAME FIRST Homer		MIDDLE D •		sermar	I	rs maiden nam First Mary Gr	race	IDDLE		Spig	gelmyer
on and co		VAS DECEASED EVER VES, NO OR UNKNOWN) NO	(IF YES, GIV	MED FORCES? E WAR OR DATES) A		SECURITY NO 01-539	17. INFORM	ather /		ADDRESS			MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON S NG PHYSICIAN: The low requires that the death certificate has been signed by the attending physicion. Were this certificate has been signed by the attending phost the buriol-tronsit permit. Then please remove corbane th and Memial Hygiene prior to buriol, cremotion, or remotived or them 18 shows any injury, or other troumotic evel orked or them 18 shows any injury, or other troumotic evel	ITION	Conditions, if ony, gave rise to imm couse (o), stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAT	ediate the lost.	DUE TO, CO	OR AS A CONS	SEQUENCE OF G TO DEATH BE WHICH OPERAT			NAL DISEASE O			NERE FINDIN	
VITAL REC N: The low systicon. cote hos by const perm Hygiene pr Hygiene pr	CERTIFICATION	210. ACCIDENT WAS UND				VAICH OPERAT		NJURY OCCURR	YES N	30	N CERTIFYII	NG CAUSES	OF DEATH?
TO HOSPITAL OR ATTENDING PHYSICIAN retoined by the hospital or ottending phy TO FUNERAL DIRECTOR. After this certific should be detached for use as the burial-trawith the State Dept. of Health and Mental HIMPORTANT: If them 21 is marked or them 18	MEDICAL (OR CONTRIBUTING C (IF EITHER NOTHY MEDIC 21d. IN JURY OCCURR WHILE MAT WORK NOTH NOTH AT WORK 220.1 certify that (I) SOW the descent	AL EXAMINER ED LE This hospi d along an	21e PLACE (AT HOME, ST	.M. OF INJURY REET, FACTORY, O	DEFICE, FARM, ETC.)	21f LOCAT STREE	ATTENDING PHYSICIAN			, 19 ond hour o	nd from the	state that (II (III) lost couses stated
BP		SURIAL, CREMATION, P SPECIFY) buria		236. DATE 6/20	/85		cemetery or	emetery		îtur		Miff	
DHMH - 16 50M 4/B2 (VRA 15, 4)		NERAL DIRECTOR RITTS FUN	ERAI	HOME	WEST 412 V	INSTE ASHI	R, MD NGTON	Rd JN 2	REC D. BY REGI	STRAR 25	b. REGISTRA	CON-ROA	URE

ありまし		
onito di al-	weekingt comercial co. com. money	
	BOUTH VIAL DOWNERS AND TOURS	
	no n/a reserve Kerneryne stuck no	
en office	Tude bed (www.enet and the unstable of the court	

ERGERT miling million longers surrem (218-2414 and Terme | 111mm Land the and the state of the s

STATE OF MARYLAND 176109 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH MONTH TYPE OR PRINTS Mr. Robert Heckman Minnich June 19 1985 3. SEX 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR February 9 1904 Male Caucasian 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Ohio Carroll County United States 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Social Security TYPE OF WORK FOR MOST OF WORKING LIFE 5703 Linton Road Sykesville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136 COUNTY
137 Carroll
Sykesville Sykesville 13e STREET ADDRESS / ZIP CODE 5703 Linton Road 13d. INSIDE CITY LIMITS? Maryland 15 MOTHER'S MAIDEN NAME LAST Sarah B. Heckman William H. Minnich 17 INFOMMANThomas W. MinnichADDRESS 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 276-14-9000 466 Cranes Roof Court Annapolis 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21e PLACE OF IN HIRY CITY OF TOWN COOMIT (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Birial Loring Byers Funeral Directors. Inc. 24 FUNERAL DIRECTOR 8728 Liberty Road Randallstown, Maryland 21133

224 PHYSICIAN'S NAME (TYPE OFFRINT

230. BURIAL CREMATION, REMOVAL

226 SIGNATURE

220 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above (1) (ve) (did) (did not plew the body after death

23b DATE

23c NAME OF CEMETERY OR CREMATORY Lake View Memorial Park

22e ADDRESS

and that in

DEGREE

Sykesville

(our) opinion death occurred on the date and hour and from the causes stated

STAFF DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

2h HOUR

21784

21401

Maryland

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

maz,

250 DATE REC'D, BY REGISTAR 256 REGISTAL MOLECULA

MEDICAL

	321 21 au.		fusion .aH
	to long o	guardos nations	
	Tarol Combi		
Daniel Letters	Addition of the second	S Larton Foed	
18112	form axing 8002 - I		Original Daniel
Topic In light	Series S. Heistein St. Throne H. Hemilah S.S. Crutor Foot Cone S. Annepole		duant? Francisco oc
budyet Lis	est test Spanyille (tes	Surfacial 6840	e) introd

out a contitue of the second of

1720 Interest that Ships Indian, Burghad 21738

170111	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 5 / 8 2 CERTIFICATE OF DEATH REG. NO.
y be deoth	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR TYPE OF PRINT) ANNIE D. MULLINIX SEX F 1. RACE CAUC. S. DATE OF BIRTH MONTH DAY YEAR 1. RACE CAUC. 1. O 9 1920 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN. 1. O 9 1920 1. O
ofter death. Page of the funeral direct within 72 hours	6. BIRTHPLACE (STATE OF FOREIGN COUNTRY) 7. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY
ficote be executed with thysician and complete hybridian and complete fill the popers. Pages 1 and 2 and 2 and 1, the medical examiner missible no	Westminster Carroll Co. General Farming Farm JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME) JSUAL
re be executed with the result of the result	George W. Schentele Abilene Fish 66 WAS DECEASED FUR IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DATES) 10 213-20-7230 George W. Mullinix 13e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA ING PHYSICIAN: The law requires that the death certificate of the death certification. When this certificate has been signed by the attending physic os the burial-transit permit. Then please remove carban pape th and Mental Hygiene prior to burial, cremation, or removal orked at Item 18 shaws any injury, at ather traumatic event,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
TAL RECORDS, 201 The low requires th tiction. The hos been signed ssit permit. Then plecygiene prior to buring shows ony injury, or	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
IVISION OF VITA IG PHYSICIAN: T offending physici fer this certificate s the buriol-transi n and Mental Hygi	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICALEXAMINER) 216. MONTH DAY YEAR P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART FOR PART 2)
L. OR ATTEND the hospitol or DIRECTOR: 4 toched for use to Dept. of Head	270.1 certify that (1) (this haspital) attended the deceased from
TO HOS retained TO FUN should be with the	CHITRACITEDU NACIANNA 700 A POSO Rd. WENTWINGT DELL 30. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY 236 LOCATION CITY OF COUNTY STATE
BP DHMH - 16 50M 4/B2 (VRA 15, 4)	Robert Prits, Sr. Westminster, Man 13 1985; Julie Davidson 18

THE TANK THE THERE West-Inster Carry II Co Gracy of Talenting Francis della principal de la company The control of the property of Burnish Light Medical Manual El Juga Comment

				STATE OF MAKTLAND		
CONTRACTOR OF THE	١,	FOR	DEPART	MENT OF HEALTH AND MENT	AL HYGIENE 3	1 0 0
014		STATE		CERTIFICATE OF DEATI	H	
168037		REGISTRAR		A STATE OF THE PARTY OF THE PAR	REG. NO), sel
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
0 to 0	11111			Newman		1 0 01 00
0 0	3. SE	40U1S	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	
1 72	J. JE.		1. RACE		AR (BY TEAKS TAST BIK	MONTHS DAYS HOURS MIN.
2 6 2		Maila	white,		95 89	7 YRS. 6 21
2 13/2/	7n. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	100		R COUNTY OF DEATH
# BN #		(RY)	2151	MARRIED NEVER MARRIE	ED 🗆	
1 10/1		Kuss/A	1 12.2.A.	WIDOWED DIVORCE	ED Carrol	/ CARRTY MD.
11/2	10. C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPATE	
5 10/20	140	. T	(IF NOT IN SUCH FACILITY, GIVE STREE	- 1 11	(TYPE OF WORK FOR MOST O	WORKING LIFE) INDUSTRY
1300	VV	esimins ie	carroll ch	y ven/ Ite	OSP OST	Books
2 2 279	USU.	AL RESIDENCE (IF NURSING	TOTHER INSTITUTION GIVE RESIDENCE BEFOR		AITS? 13e STREET ADDRESS /	TIP CONS ROUKVIlle, Hd.
2 18-12-7	1.50	M. J. Was	7. 0 0	. Il worth wal		V 11 P17.085
I Ziwit	14 5	ATHER'S NAME	11 gomery Acck	15 MOTHER'S MAIL		mag valley nd
1 世 1	17		MIDDLE LAST	FIRST	MIDDLE	_ LAST 1
2 10 72	1		MAYRE			TIEMEROUISKI
3	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRE	SS
1 14 17	1		E WAR OR DATES	0	. 411	*
		20 20	ルニ 077-24	-3461 M. Lane	RN West	minster, Hd
2 777		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a) (b), a	nd k.	10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tr. Control	100	PART I. DEATH WAS CAUSE	DBY:	DIMITARY	1 INSUFICE	DUCL
1 001 0		IMMEDIA"	TE CAUSE (a)	112 March	11.30110	YIIC /
2 950 1		PRODUCTION OF THE PARTY.	DUE TO, OR AS A CONSEQU	JENCE OF C - DN	0	1 +/-
2 2 2 5 5		Canditians, if any, which	(16)	(OPID	, JONC	1(1(5)
0 0000		gove rise to immediate	(6)			
se cr		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF		
2 0 0	17.77	anderlying table last.	(c)			
gned in plea buriol		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(g)
sig her her ho b	Z	NTDINI	EL LOU MA	- mar CAF	DIOMEG	MU
y ir. T	Ĕ	HIKIHL	LIDISILIA	TON, CITA	010/1120	75 /
No de de de	2	190. DATE OF OPERATION	196 CONDITION FOR WHICE	HOPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
P P P P P P P P P P P P P P P P P P P	1			-	YES NOT	YES NO
CIAN: The physicion of	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c HOW INJURY	OCCURRED (ENTER NATURE OF IN)UR	Y IN ITEM IS PART I OR PART 2)
tYSKCIAN: T ding physici is certificate burial-transi Mental Hygi		OR CONTRIBUTING CAUSE OF DE	LIQUID A MA MONITUL D	AY YEAR		
SICL 19 P Certi certi certo	S	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
A Wood	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY STATE
the the ond	Z	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC) STREET	- CIII OK 10	STATE
So the	774	AT WORK		10/13	CA CI	CC
Heb es			ital) attended the declared fram,	(0) 19.	57.10	, 19 , that (I) (we) lost
TTE Suite		saw the deceased alive an	at) view the bady after death.	, and that in (my) (our) o	opinian death accurred an the do	ite and hour and from the causes stated
SEC SEC		226 SIGNATURE	in view the body offer decith.	DEGREE		122c DATE SIGNED
OR A DIRECTOR DIRECTO		(1/1/1/1	HITA MAIN	ATTEN	DING _ MEDICAL _ STAF	1.6
A Table 1		// " " WW	ar pur	PHYSIC		IANET (0/8/8)
Z PER		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	0 -	11 110
HOSPITAL HOSPITAL FUNERAL Wid be det h the Stote		J. HOD TI	101/150 MC	Spai	na-161 h	LOSDITOU
O HOSPITAL eroined by the Tro Euneal by the Should be deto with the State I MAPORTANT: If	_	10.10121		1/1/11	I O TOLD	10000
F	23a F	SECTION REMOVAL		NAME OF CEMETERY OR CREMA	ATORY 23d LOCATION	COUNTY. STATE
BP		BURIAL	16-11-85	MT SINIA	7164 HAVE	MEWHAVEN CONN.
	24_FI	NERAL DIRÉCTOR	11 0-1	THE TENTH OF THE T	25a. DATE REC'D. BY REGISTRAR	
DHMH - 16 50M 4/B3	VIV	PAME 17/0 P	· ff o Googe's	7 .7 21	HINES OF ASSES	Tulia Davidson-Rondalls
(VRA 15, 4)	1	overy Kyle Vr.	elle Ar. Will	lonenely, Mcl,	JUNE OF BUD	THE DEVICENT OF PARTY

4111 30 THE RESERVE OF THE PERSON OF T delle de la la ser en la la la pluri Europe Care I Care of Care of Care of Care westminister the new contract they the E IN CARL LANGE ESTATION OF THE ACT OF THE ACT OF THE PARTY the with a second of the fact of the second and the 2 The same of the same of the ATRIAL FIRM TRAIN CAROLUMEGRY Land I have been stated to the state of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🥞 CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR DATS MOUR5 BALTIMORE CITY OR COUNTY OF DEATH 12a. USUAL OCCUPATION ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (con) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

FOR

REGISTRAR

- STATE

171063

DHMH - 16 60M 7/84 · (VRA 15, 4)

BP

REGISTRAR 256 REGISTRAR'S SIGNATUR

inia Davidson

(VRA 15, 4)

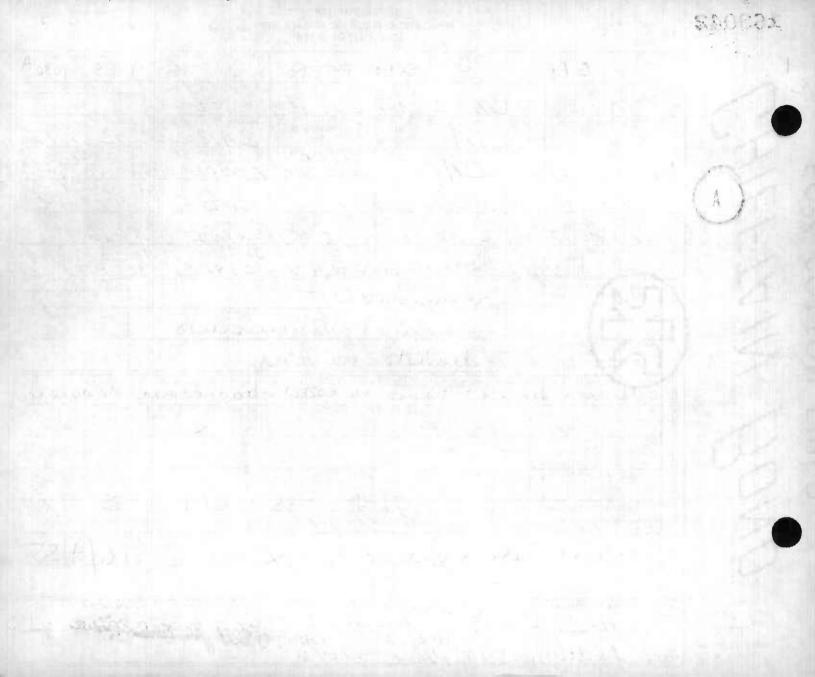
STATE OF MARYLAND

eror, at lives a matine of the machine rears the effect of constant and the second of the second danie i Distriction of a file . NO Printing of Lang. 14 . Report of the state of the st Telefal AV-1-1089 Personal Colores . Div . mot mid sed

the state of the allie of the state of the s

STATE OF MARYLAND 159042 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2b HOUR TYPE OR PRINTI 1030! 1:5EX 4 RACE 5. DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH HOUR5 189 9 BALTIMORE CITY OR COUNTY OF DEATH INTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED 126 KIND OF BUSINESS OR CO, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ZCE C Y SUPERVISONSUR AL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3e STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1 TTLE STONAKES ONO 1 L FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES! APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH Enter only one cause per line for ia), (b), and ic = PART I. DEATH WAS CAUSED BY. americano IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the still com & underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I sunbocted intra alidaminal marc 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC) AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this bospital) attended the deceased from sow the decemed alive by shore (fl. (we) laid) (did for view the body after death , and that in (my) (ayr) apinian death accurred an the date and haur and from the causes stated ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PERO 77e. ADDRESS AST 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE STATE DHMH - 16 60M 7/84

(VRA 15, 4)



						SIAI	OF MARYLAND				
1,83027	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	17	1 8	
×	1. DE	CEASED NAME	FIRST		WIDDLE	L	AST		MONTH DAY	YEAR 26	. HOUR_
oy be death	(TYPE	ORPRINTI	ew		4	50	hRP.NK		6-23-	85 5	35
hoy by	3. SE			RACE		IS DATE O	E BIRTH	6 AGE (IN YEARS LAST BIR	HDAY) IF U	NOER 1 YEAR IF	UNDER 24 HRS
ge 4 mc ector, p	0, 32	Male	18,18	Whit		DEG	6 PAY 1902	82	YRS.		OURS MIN.
9 in in		RTHPLACE (STATE OR FO	DREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	BALTIMORE CITY	R COUNTY OF	DEATH	
deoth.	-	SA Illino		USA		WIDOWE	DIVORCED [Carroll			MD
offer of with	10. CI	Sykesville		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET CATE NUTS:	ADDRESS	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		26 KIND OF B NDUSTRY Dept o	
2120	USU.	AL RESIDENCE (IF NURS	ING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				1/10	11111
MARYLAND S		Md	Howar		Woodb1		YES NOW	2198 RT 9	4 Woodbi	ne Md	7/
H THE ALL	14 FA	ATHER'S NAME FIRST	MID	OLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
W 1 11/020	1	George			Schrenk	100	Bertha			eenboc	k
A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		VAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS		
BALTIMORE, cote be exception on the papers. Pag val		No			577-60-	7350	Carole Rice	2198 RT 94,1	Woodbine	Md 21	797
hysicid poper toval		18 CAUSE OF DEAT			line for (o), (b), on	d (c)		THE TEN	100	BETWEEN ONS	ET AND DEATH
L. Jahn hah		PART I. DEATH W	IMMEDIATE		Renat	19	lure				
PRESTON S: he death cert he attending emove carbai mation, ar re		100			R AS A CONSEQUE	NCE OF		r			
deati deati ove o		Conditions, if ony,	which	(b)	N	207	rosele, ros	2/2			
PRe o he o emo		gove rise to imm		DUETO	R AS A CONSEQUE	NCEOE					
by the core		underlying couse		(c)	K AS A CONSEQUE	INCE OF			199		
gned the pleo burnol, ry, or or		PART 2. OTHER SIGN	NIFICANT CO		ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1(o)	
RECORDS, low requir los been signermit. Then the prior to be reprint to be prior to be reprint to be prior to be	NO.	MAN TO SE									
BCO bee	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	ERE FINDINGS	SUSED
he los	Ē	Section 1						YES NO	YES T	G CAUSES OF	NO T
VITA No. 1 Nysici Cote ronsi Hygi Hygi	W.	21a. ACCIDENT WAS UND	DERLYING	216. TIME C			21c HOW INJURY OCCUR		RY IN ITEM 18, PART 1	OR PART 2)	
OF CLAR		OR CONTRIBUTING (M. MONTH D. M.	AY YEAR					
ON OF HYSICIA diding pl diding pl buriol-1 Mentol or frem	MEDICAL	21d. INJURY OCCURE		21e PLACE		19	211 LOCATION				
NG PHYSICIAN: The ordering physicion of the ordering physicion of the ordering physicion of the ordering physician physician physician physician physician ordering physician ph	ME	WHILE NOT WE	HILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.]	STREET	CITY OR TO	VN (EOUNTY	STATE
3 0 0 0 0		22a.1 certify that (I)) ottended th	e deceased from	not	e 23 1085	to June	2 7.2 10	85 tho	t (I) (we) lost
TEN TOR: Or os of He		saw the decease	ed olive on		10		d that in (my) (aur) apinion	death accurred on the d	ote and hour on		
RECTI RECTI Red for ppt. of em 2		obove, (I) (we) (c	did) (did npt) s	view the body	after death	w	DEGREE			22c DATE SIG	NED
the hor toched		CV	with	(0	treet	-	4 0	MEDICAL STA	FF.		
SPITAL I by the VERAL be detroped by State FANT:		THE PHYSICIAN THE	AME ITHE DATE	10477	- 10		22e ADDRESS				
HO FUT		Jose 1	. Ch	, spu	ile, Mi	D-	63 42 B	grneH A	ve.s.	IKES	1117E
5 a 5 d 3 3	23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	con	NIY	STATE
BP		Cremati	22	6-24-	1085 W	estud	0.8.7.				1.00
DHMH - 16 50M 7/77	24. FI	UNERAL DIRECTOR			ADDRESS		250. DA1	E REC'D, BY REGISTIVAN	256. REGISTRAR	SEISHAFIA	Miles
(VR A 15 (4))	Ha	rry H Wits	ke. 411	12 Col		E111c	att City Md	UN 4 6 1965	0		
					and the same of th						

			0.457 E. o
	6, 1902	3.30	M ± fall
Carroll County	X	A2	CSA_ILLMOIS I
etired - Dapk of Kang	E see	or paisture Sunse	Swiceville Alder
98 FT 94 Moodbilen Md	x 121	gnidboot	Hd Howard
Steenbock	Advei	inernol	023099
RT 94, Roodbine Md 21797	Carola litea 2198	0215-03-552	oil
	55 104		

Matonsville, Balto, Md

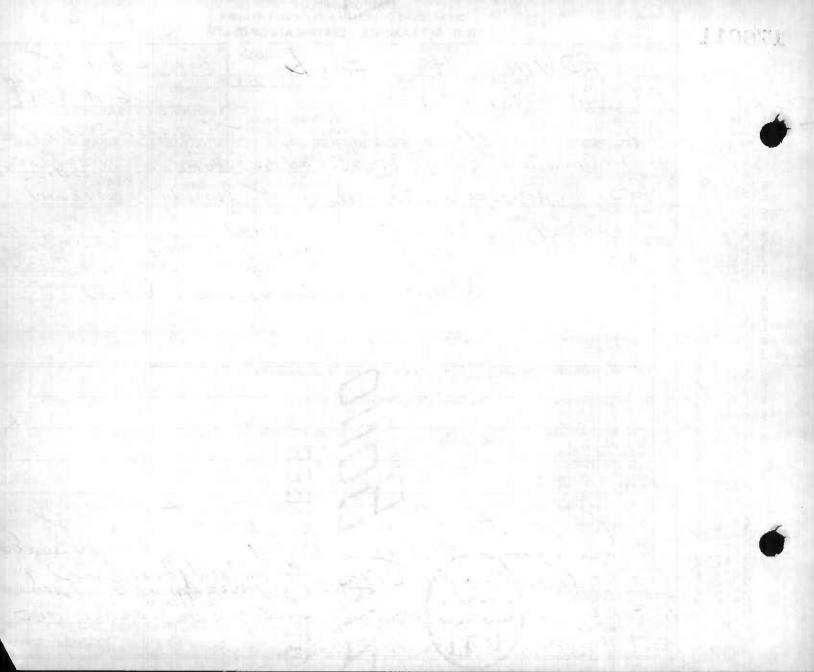
Harry H Marke 4112 Columbia Ed, Mileone City Ed

Cremation - Co-24-1985 Cleatview

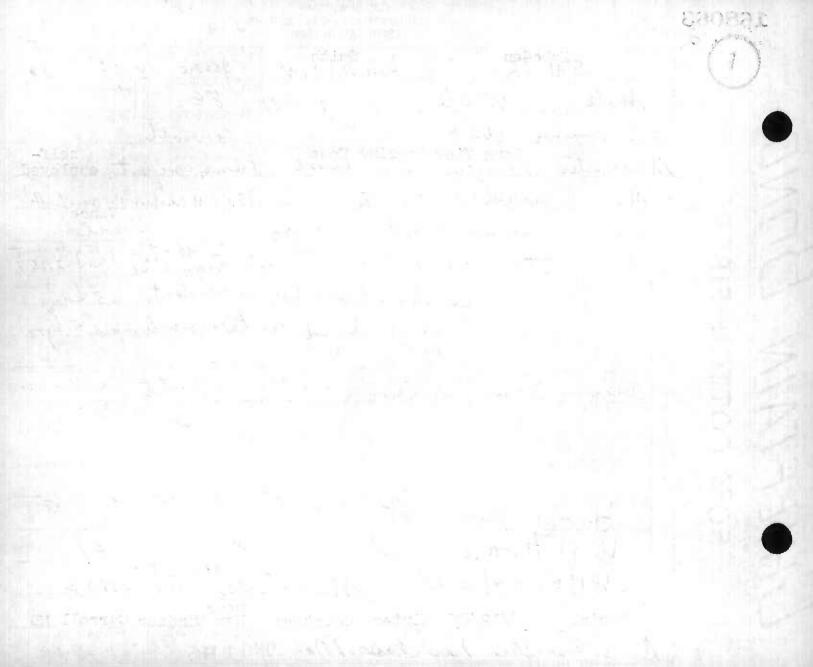
STATE OF MARYLAND

5001,111 The same of the same Carried Links wond telini-roun of faringer inverse Lorent Lorent in resembling The Mark of Marroll in Almy Server . The Property Space And the state of t former to be allivered to a terresure a melyery

	And the second of			STATE OF MARYLAND	2 4
To.			FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 4
	176011		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	AL.
	1.00		CEASED NAME FIRST		AY YEAR 26 HOUR
	25 of 25 25 Er	1111	EDW	Shorte DEATH MATER & 6 /	0 185 M
	A DE LOS	3. SEX	X 4. RACE	S DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH D	DAY YEAR 2d. HOUR
	ZESEZ ZESEZ	1	n CAUC	MAY 31 1931 54RS.	0 1985 1/3 M
	30020	70 B	IRTHPLACE (STATE OR	78 CITIZEN OF WHAT COUNTRY?	
6	可酸藥		OREIGN COUNTRY)	MARRIED NEVER MARRIED	1111171
	7200	100	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b)	KIND OF BUSINESS
	2000年	14/	1 - 1 - FTma A C	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
	20° 20°	W	K-NEDIWINDI	ILE 2624/11TLESTONN PIKE RUBBER	ANU FACTUR
	S SEASON		STATE 136 COUNT	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN 13d INSIDE (1TY LIMITS? , 13e. STREET ADDRESS PIKE	2/157
	S SAMON		MD CAI	PROJULL WESTMINSTERSED NO 1 2624 LITTLES.	Tohn
	S THE ST	14. F/	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	1257
	# KS 2		HARVEY		EESER
	N SERVE T	16a V	WAS DECEASED EVER IN U.S. ARM	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 16	STMINSTER
	ATTA VEPS SION SION	[YI	YES, NO, OR UNKNOWN) (IF YES, GIVE W	1214-28-0407 213/11/213	2
	\$ 20 E & S			3470 LITTLES TOWN PIKE	= 1710 24157
	7 3 m - m		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ED BY LAS METERS	BETWEEN CHOSE AND SEATH
	ESTON ST. IN 24 HOU IN TEM 18 P. ALCING V SIT PERMIT HYGIENE, I MOVAL			ATE CAUSE (a) CO MONO SELO TO HE CLOUDE VOLUE VOLUE CONTROLLO CONT	/
			and the second	DUE TO, OR AS A CONSEQUENCE OF	
	E SANCE		Conditions, if any, which gave rise to immediate	(b)	
	OR TRUE W		cover (a) stating the under- lying cover last.	DUE TO, OR AS A CONSEQUENCE OF	
	ECORDS, 201 W. P. EST OF BE EXECUTED WITHIN FENDING" IN PENCIL MANDER AS A BURIAL - TRA STATH AND MENTAL CRE" - TION, OR PENCIL MAND MENTAL CRE" - TION, OR PENCIL MANDER MENTAL CRE - TION, OR PENCIL MANDER - TION, OR PENC		- Hard Course Course	(c)	
	A SECOND	A S	PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE BY CONDITION GIVEN IN PART 1 (#)	
	RECORE ILD BE EX PENDING PENDING PENDING PENDING PENDING CRE	No.		ACTION OF THE COMPANY OF THE PROPERTY OF THE P	
	ALREA DULD I PEN MER MINER MIN	CERTIFICATION	19s. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	19. AUTOPSY?
	≥ PRESE	FE			YES NO.
	Z WAND WAND	183	ZII EXTERNAL CAUSE WAS	216. TIME OF INJURY 316. HOW INJURY OCCURRED (ENTER HATURE OF BUILDING IN TEM 18 PART) OR PART 2	11000
	SION OF V KITHCATE S NG THE W SHOULD BE BARTIMEN RICHTOR		UNDERLYING DOR	HOUR A.M. MONTH DAY YEAR	
	NO THE CONTRACTOR	MEDICAL	CONTRIBUTING CAUSE OF D	THE PLACE OF INJURY CATHONIC 211 LOCATION	
	DIVISION OF SCREHCATI STING THEY SEED TO THE EDEPARTMEN OF PRICESORY	ME	WHILE IN NOT WHILE IT	STREET FACTORY FARM (FC.) STREET CONTROL CONTROL CONTROL	STATE
	HIS WAR	13	WHILE NOT WHILE D		
	S S S S S S S S S S S S S S S S S S S		77s. I certify that flook charge	rge of the remains described above held an Autopsy Inspection A Inquiry and in my apinio	100
	■5. C+2			Account Account Describe Descr	/
	3 E G S S S S S S S S S S S S S S S S S S	13		/ s// / messecont	
	2000118 V		ACTUAL /	January January DATE	10 Xum 85
	358887		SIGNATUR	M.D. SECULAR MEDICAL EXAMINED SIGNEDE	70
	DE 4 NO.	10	EXAMINER'S NAME	Law Louis Correlleung Generalité	all n
	TO MEDICAL EXAMNER: EXECUTE THE CIRTINCATE PORCE & SHOULD BE FORK TO PUBERAL DIRECTOR. PAPER DESTORATION AND A PUBERAL DIRECTOR. PAPER DESTORATION AND A PUBERAL DIRECTOR. PAPER DIRECTOR AND A PUBERAL DIRECTOR. PAPER DIRECT	1	(TYPE OR PRINT) _ CCCA	AVO ATONO DORESS / Wes Annoster	med
	FW0F40)	- 15	BURIAL, CREMATION, REMOVAL 23	COUNTY	STATE
	BP	-	URIAL J	June 13. STMARY'S CEMETER SILVER CARROL.	
	DHMH - 17	24. Ft	UNERAL DIRECTOR	ADDRESS 177 LESTON NO 250. DATE REC'D. BY REGISTRAR'S SIGN	ATURE
	(VR A15 ME (5))	K	when the	101. 34 MAPLE AVE 1734 DIN 1 17 1000 Colle Seilon for	delle :
	20M 4/B2				



400000	STATE OF MARYLAND
168063	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENES
2	REGISTRAR CEKTIFICATE OF DEATH REG. NO.
(1.1)	1. DECEASED NAME TINDOGON MIDDLE T LAS Smith 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
(11)	SM+12 1111111 10-83 10 8 M
~	3. SEX 4. RACE 5. DATE OF BIRTH 6. ATE IN YEARS LAST BIRTHDAY) 1F UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR 1 MONTHS DAYS HOURS MIN.
4 07	Male While 6 09 1899 86 YRS.
2 42 Wh	76 BIRTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY? 8 MARRIED ARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	West, Vorgenia UST WIDOWED DIVORCED Correll MD
5 4 E /0)/	18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NUMBERS HOW OF THE INSTITUTION 126. USUAL OCCUPATION 126. KIND OF BUSINESS OR LITTLE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY SELLING.
o s off	Mancheter Long Vien Viens Home Farmer Causenter employed
212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE, / 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS
ND 24 24 ould ould	MI Westminly YES NO 1380 Meader Branch Rd
rylly tely 2 sh	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME , VANCE
MAM bed w	andrew Jackson SMith Phoebe Vances
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours vysicion and completely filled in biapers. Pages 1 and 2 should be fill avol. Int, the medical execution in the medical execution in the medical execution.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT
IMORI n and n Pages	(YES, NO NO NO NO NO NO NO DATES) 219-34-7082 1380 Meadon Brand B1 MJ-21157
ALT sicro pers oil.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., E	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Concluded Var aulas acceptant 3 for
ON S ding arbo or re	DUE TO, OR AS A CONSEQUENCE OF
death death death ove c	Conditions, if ony, which ((b) allered of arteriorders 5 Eggs
the other remores trees	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
1 W that by case al, ca	underlying cause last.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., The PHYSICIAN: The law requires that the death certific attending physician. Where this certificate has been signed by the attending plass the burial-transit permit. Then please remove carbona the and Mental Hygiene prior to burial, cremation, ar removed or them 18 shows any injury, ar ather traumatic even	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
RDS	Organic Brain Syndrane Describe Cardio Vas
ow ow prior	Organic B rain Symbol 2006. AUTOPSY? 2006. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 2006. AUTOPSY? 1006. AUTO
TALR The lician.	YES NO YES NO NO
VITAI NN: Th hysicio fircate I fronsit I Hygie	
SICIA ng ph certification of them	OR CONTINUOUS COUNTY STATE
PHY: ending this e bu	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21I LOCATION STREET CITY OR TOWN COUNTY STATE
NG offer of the or the	ATWORK ATWORK
NDI Or	22a.1 certify that (1) (this haspital) attended the deceased from 1983, to 1983, to 1983, that (1) we) lost
ATTE sepite CTO J for n 21	obove (ii) we) (did) did not) view the body ofter death.
OR A DIRECTOR A DIRECTOR A DEPT.	226. SIGNATURE 221. DATE BIGNED ATTENDING MEDICAL STAFF 222. DATE BIGNED
	PHYSICIAN DEIRECTOR PHYSICIAN OF
HOSPITAL med by th FUNERAL uld be det on the State	22d PHYSICIAN'S NAME (ITYPE ORPRINT) 22e ADDRESS 3223 Mais St
TO HOSPITAL etroined by 1 TO FUNERAL should be det with the Store MPORTANT	Manchester Md 21/02
75 + 2 2 5	230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OP CEMETERY OR CREMATORY 234. DCAJION COUNTY STATE
BP	Burial 6/12/85 Winters Cemetery New Windsor Carroll MD
DHMH-16 30M 2/80	24. FUNERAL DIRECTOR ADDRESS
(VRA 15, 4)	1. D. Har Her Sw Vinder, 11d. JUN 1 1095 Grand and Brut 00



	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENER	
172130	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENTS CERTIFICATE OF DEATH REG. NO.	
A CALLON S. A.	1. DECEASED NAME FIRST MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR TO HOUSE	R
oy be oge 3 deoth	(TYPE OR PRINT) NING V Thomas 6/12/85 63	PM
po bo	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2	24 HRS
or a de la constante de la con	Female white 10-20-64 80 YRS. MONINS DAYS HOURS	MIN.
2 12 00 6	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH	
	MARY/And U.S WIDOWED DIVORCED CARROLL COUNTY	MD.
1 11 1897	10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (17) PEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY	55 OR
5 1 1 CO	Sukesville FAIRHAUEN Nursing Home Secretarial	
NO 21	USUAL RESIDENCE (IF NURSING BY COUNTY 130. CITY OR TOWN 130 INSIDE CITY LIMITS? 130. STREET ADDRESS UK 2/10/	/
E (Init)	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
A GRIDING	C. Siles Thomas NOA Durcell	
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 7200 3 rd AVIO	
OW TO THE THE	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-01-665/ Ms. Helen Thomas Sykesville Md.	
MALT others others others	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERV	VAL DEATH
The state of the s	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Reval cell Carcinos	
S de	DUE TO, OR ASM CONSEQUENCE OF	
EST decorate	Conditions, if ony, which (16) Diahler wellette	
d de le	gove rise to immediate cause (a), stating the DUE TO, OR AS A SONSEQUENCE OF	
on w	underlying couse last. (c) Pelluleurs Allluler	
S, 2 vires en p bury, oury,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	777
ORD request to The or to y inju	[[llekrovasarlan disland	
RECORDS. n. nos been sig permit Ther ne prior to b ws ony injur	CLEASON CULTURE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO 216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	H?
TAL The icior te h soft p	YES NO TY 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
PE VITAN: Physical Physical Properties of Physical Physic	OR CONTRIBUTING CO	
ON O HYSIC ding is cert buriol Menti	OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST	
Sic P P P P P P P P P P P P P P P P P P P	THE INJUST OCCURRED THE PLACE OF INJUST THE COUNTY ST. STREET, FACTORY, OFFICE FARM, ETC.)	TATE
DIVI Or off or off se os the morke		-
문호 유명포교	22a.1 certify that (1) (this hospital) attended the deceased from 12 11 19 80 to 6 12 19 85, that (1) (we saw the deceased alive on 12 19 85, and that in (my) (our) opinion death occurred on the date and hour and Iram the causes stated to the course of the course t	e) lost
	obove, (1) (we) (did) (did not) view the body ofter death. 226. SIGNATURE) / DEGREE 227. DAYE SIGNED	- Cu
0 . 0 . 0	Fatuch A Tay up ATTENDING MEDICAL STAFF 6/12/8.	5
TO HOSPITAL retoined by the TO FUNERAL should be deto with the State IMPORTANT; if	PATRICK A TURNES UD 7200 THIRD AVE SYKESJILLE, MD 2178	4
5 5 7 4 3 ₹ 7	23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY ST.	ATE
BP	Removal 6/12/85	AIE
DHMH-16 30M 2/80	24 FUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS	
(VRA 15, 4)	Anatomy Board Balto., Md. JUN 1 8 1985, Julie Davidson-Janous	

manan		FOR	252.0	STATE OF MAKTLAND	ourse's	7 1 9 2
159012	1.	STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be		Be	essie R.	WHLER	Gune 4	1985 3:45 pm
4 moy	3. SE		4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 ARS.
00 A 4 A	1	FEMALE RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	12 24 1883	9. BALTIMORE CITY OR COUNT	TV OF BEATH
deoth. Poge		COUNTRY	16. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	CARROLL	ARRIVEN
d d	10. C	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
of the soften	W	ESTMINSTER	WESTMINSTER	AV	HOUSEWIFE	LIFE INDUSTRY
t hour	USU 13a. S	AL RESIDENCE (IF NURSING HOME)	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	130. STREET ADDRESS	21136
n 24		md B	. / 127/	VSTOWN YES NO D	44 ChATSWE	outh Ave.
vith d 2 s	14 F/	THER'S NAME	MIDDLE D LAST	15. MOTHER'S MAIDEN NA FIRST Mo LL		LAST /
Comp	16n A	ELIAS VAS DECEASED EVER IN U.S.	R. Keac		ADDRESS	THUCH
Poger			GIVE WAR OR DATES) 215-54	-2162 Anna Sha	1// 17	terstown Wd.
sicior pers. ral.	-	18. CAUSE OF DEATH (Enter	r only one couse per line or (g). (b),	onglicul a A A	11 3	RETWEEN CHIEF AND DEATH
death certificate ottending physici ave carbonpoper tion, ar remaval.		PART I. DEATH WAS CAU IMMED	DIATE CAUSE (O) LECER	orderate (1)	Hisease	Jears
e death ce tottendin mave carb nation, ar i			DUE TO, OR AS A CONSEQ	UENCE OF		
4 5 9 4		Conditions, if ony, which gove rise to immediate	(b)			
by the		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF		
signed the Then plea to buriol, njury, or or	,	PART 2. OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	GIVEN IN PART 1(a)
0 - 0 >	CERTIFICATION	IPO DATE OF OPERATION	195 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	'ES, WERE FINDINGS USED
c Sage &	FIG	THE DATE OF GREATION	The condition of the	THE TENNIOR WAS TEN ORMED	IN CER	TIFYING CAUSES OF DEATH?
physicion rifficate half-transit tol Hygie m 18 sh	GR	21a. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 1	
THE PER	3	OR CONTRIBUTING CAUSE OF	DEATH	19		
o A M	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
After the os the olth one morked		AT WORK AT WORK	0 b 0 1 bd 1 1 1	3 7 7 7 7	10 60-4	75
pitol o TOR: for use of Hea		sow the deceased alive	ospital) attended the deceased from		death occurred on the date and he	our and fram the causes stated
REC hed hed ept.		22b. SIGNATURE	view the body ofter death.	DEGREE		22c. DATE SIGNED
Y the Y the Gatoch Dide Do detoch Tr. # h		0.5/12	Ideleanis	ATTENDING PHYSIGAN	MEDICAL STAFF	6-4-85
Se E P		22d. PHYSICIAN'S NAME	PE OR PLINT)	11 G cc	Polo	J MJ. 51/2
TO HOSPITAL retained by the TO FUNERAL should be deter with the Store IMPORTANT:	230.	BURIAL, CREMATION, REMOV	AL 23b, DATE 23b	NAME OF CEMETERY OF CREMATORY	IN LOCATION ,	holow 101/3
ВР		BuriAC	June 6, 1985	ALL SAINTS Cem	GHY OR TOWN .	sound, BAID, STEED
HMH - 16 50M 4/82	24. F	THE PALE PRECTOR OD	ADDRESS		TE REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
(VRA 15, 4)		ry call	and Caring	smills, we	U 1799, Ethioperia	- Demain

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STOREST And the state of t the first the state of the first the first of the state o

184105	1-	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO	7 1 9 3
be be oge 3 deoth		ORPRINT) LUTHA	en JACKSO	ON WAGNER	6-20-85	MONTH DAY YEAR 26 HOUR
ge 4 moy b ector. poge rs other deo	3. SEX	M	Cane.	5. DATE OF BIRTH MONTH DAY LAS	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
nerol dir.	7 c. B1	RIHPLACE (STATE OR FOREIGN GUNTRY) ARABIC	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	1 an	R COUNTY OF DEATH AG C MD.
on softer d	10 61	Ves minster	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION E STREET ADDRESS) THOUSE	12a USUAL OCCUPATION OF STATE OF WORK FOR MOST OF THE PROPERTY	126. KIND OF BUSINESS OR INDUSTRY HALL MAINTENANCE NOTE TO THE PROPERTY OF TH
4ND 212	USU/ 13a S	AL RESIDENCE OF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE NTY 13, CITY O	EBEFORE ADMISSION) R TOYN 13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	est House 21157
MARYL,	14 FA	HADREW	MEDIC CVA	GNER SADI	MIDDLE	DORDAN
BALTIMORE, cote be executed by sircon and copers. Pages 1 wol.			RMED FORCES? 16b SOCIA VE WAR OR DATES) 2/2-	14-6787 ALAN C	utsnen (son) westmix
+ + + + + + + + + + + + + + + + + + +		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (a), ED BY: TE CAUSE (a)	te MI		APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH
W. PRESTON ST the death certs of the otending p se remove carbon cremation, or ren		Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS ACON	ISEQUENCE OF		
es the	z	PART 2 OTHER SIGNIFICANT ((10) 173	PETENSING TO DEATH BUT NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN PART 1:0
RECOR. 1. low records been os been bermit. The prior th	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	which operation was performed	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \)
DIVISION OF VITAL NG PHYSICIAN: The ottending physicion fiter this certificate has the buriol-transit phond Mental Hygier hand mental Hygier parked or Item 8 shoothed or Item 8 shooth		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	TH DAY YEAR	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
NVISION WG PHYS offer this c so the bur hond bur when don the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,		CITY OR TO	WN COUNTY STATE
ATTENDIFICATION OF Spirol or CTOR: Al for use of Heolin n 21 is mo		saw the pechaged slive or	atal) as the deceased	19 55 , and that is (my) (our) opinio	on death occurred on the do	, 19 , than 1) (we) lost one and hour and Iram the causes stated
PITAL OR by the hor tERAL DIRE os detoched ANT: If the part of the		fllan V	Suff		MEDICAL STAI	FIAN 6-22-85
TO HOSPITAL vetoined by the TO FUNERAL should be detoined that the Store MAPORTANT. If		DE PHYSICIAN'S NAME ITYPE	Ain	Ribe Ko	Westan	Afer Md. 21151
. BP	23c. 6	BURIAL, CREMATION, REMOVAL	6-25-85	Harmony Grove	6.5/	Carroll part
DHMH - 16 50M 1/B1 (VRA 15, 4)	18	121	homas D. Fl 254 East Westminste	Main Street	N 27 105	25b. REGISTRAR'S SIGNATURE

ATTE OF ----S IS W. Whomas by Marie allegan earlow a sucod 105 grant was a large A STATE OF THE STA THE STATE OF STANDS OF THE STANDS OF THE STANDS 212 1 212 6-25-85 MALESONS CLOVE

STATE OF MARYLAND

C.*	i	7	i	9	Blo.
3	1				1

	1-	FOR STATE REGISTRAR	CERTIFI	ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.		
192049		OR PRINTI HELEN	M. WALT	ER	JUNE 2	28 1985	0420 A
ge 4 mo	3. SE	EMPLE	WITITE S. DATE OF	5 /903	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS YRS.	IF UNDER 24 HRS
leoth. Par in 72 hours	70. B)	RTHPLACE (STATE OR FOREIGN 76 COUNTRY) 570WA	MARRIED WIDOWEL	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR C	220UL	MD.
he further d	10 C	ESTYINSTER V	NAME OF HOSPITAL, NURSING HOME OF THE NOTING HOME OF THE PROPERTY OF STREET ADDRESS!	ROTHER INSTITUTION	126 USUAL OCCUPATION	OR TIFE) 126. KIND O INDUSTRY	Education
(A)	1	ATE 136 OUNTY	REPOSITION OF PRESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZJ	agton Rd.	2/157
and within	1	FIRST CR CAPE	via Bowers	15. MOTHER'S MAIDEN NAM	FIRST MA	a Box	iers,
in and co		VAS DECEASED EVER IN U.S. ARMED		Joan McG	wire Reis	plaggiore perstown p	1. 2/136
a physicic on popers emavol.		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA	A. C (1	1.D-		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
that the death ce d by the attending eose remove carbo ol, crematian, or r r ather traumatic.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)				
equires n signed Then pli r to burn injury, o	NO	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ION GIVEN IN PART 11	0
he low r on. has bee t permit. ene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	I WAS PERFORMED		Ob. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES	
g physicing physicing entiticate entiticate inal-transition into the physicing in the physi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
PHYS endin this c e bur id Me	AEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE



BP. DHMH - 16 50M 4/83

(VRA 15, 4)

TO FUNERAL DIRECTOR: After the should be detached for use as the with the State Dept. of Health and

IMPORTANT: If he

etained by the hospital or atte

HOSPITAL

0

WHILE AT WORK

22d. PHH

23a. BURLA

NOT WHILE

22a I certify that (I) (this haspital) attended the

230 NAME C

DEGREE

ATTENDING

MEDICAL

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DATE SIGNED

(Jur) apinion death accurred on the date and hour and from the causes stated

TELES B. WALTER JUNE 25 1895 012014 A PART OF BUILDING BUILDING BELLEVILLE Live State of the WERDANING MESTIGORES TO DUR A CORDER SELL SELL SELLE Maybell Carle Reserved to the Second Second 19 2 3 19 15 Aug - William Barrier William Barrier CA 25 V A DINNEYS ON THE ON DURLEN SE JUN Reg Diversion of the Contract CONTRACTOR OF THE PROPERTY OF Construction of the second second second

8728 Liberty Road Randallstown, MD. 21133

60150

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Or Day X COA - 3 Ellaphica Larry Miller of the Commission of the AND THE PERSON AND ADDRESS OF THE PERSON AND

1790	13	1.	FOR STATE REGISTRAR			NT OF HE	OF MARYLAND ALTH AND MENTAL I CATE OF DEATH	HYGIENE	S 5	17	1 4) 6
e 6	eoth		CEASED NAME FIRST E OR PRINT) Edward	Augusta	W	righ	t		une 18,	1985	Y YEAR	21.40 P
ge 4 ma)	urs after death	3. SE	x Male	White S. DATE OF JULY			19°, 18°9'	1	GE (IN YEARS LAST BIRT	MO	UNDER I YEAR	IF UNDER 24 HRS
leath. Po	in 72 hou	M:	RTHPLACE (STATE OF FOREIGN COUNTRY) Aryland	U.S.A.	200	MARRIED	NEVER MARRIED DIVORCED		Carrol:			MD.
rs after o by the fu	filed with	S	ykesville	230 W.	old Li	bert	y Rd.		USUAL OCCUPATK E OF WORK FOR MOST OF Carpen to		INDUSTRY	F BUSINESS OR
24 fille		13a M:			TY OR TOWN Kesvi	lle	3d. INSIDE CITY LIMITS YES NO 🏋		STREET ADDRESS	ld Lil		21784 Rd.
d d	Somine 2 sh	14 F	ATHER'S NAME William W		ight		Estel:		Mae		Farv	
(B	medical		VAS DECEASED EVER IN U.S. A YES. NO ORUNKNOWN) (IEYES C YES WW		3-14-9		7. INFORMANT Monroe W:	righ	t, 142 V	Sykes N.Old	Libe:	e.Md. rty Rd.
Accel.	eria all		18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Carcinoma of prostate with generalized 1968									
the death ce	remove carbo emotion, ar r er traumatic		Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF Cardiac failure,									
luires that	hen please to burial, cr	7	underlying couse last. PART 2 OTHER SIGNIFICANT	(c) with	arrhy	thmia	s, Myelopr					D)
he law req an.	ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OF	PERATION	WAS PERFORMED		On AUTOPSY?	20b. IF YES, YES, YES	WERE FINDING CAUSES	NGS USED OF DEATH?
SICIAN: 11 ng physics certificate	Mental Hygiest Rem 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER_NOTIFY MEDICAL EXAMIN	EAID	ry Onth day	YEAR 19	TIC HOW INJURY OCC	CURRED (ENTER NATURE OF INJUR	LY IN ITEM 18 PAR	T I OR PART 2}	
NG PHYS	and M	MEDICAL	21d INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJU		M, ETC }	RIF LOCATION STREET		CITY OR TOV		COUNTY	STATE
OR ATTENDI	of Health		22a. I certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did a	6-18-85	19		that in (my) (our) opin		accurred on the do		,	that (I) (we) last couses stated
TAL OR yy the ho	detoched tate Dept.		226. SIGNATURE	& Hall	2		M.D. ATTENDING	IG ME	DICAL STAF	F IAN []	22c DATE	9-85
TO HOSPIT eforned by TO FUNER	should be deto with the State [IMPORTANT: If			Mall, M.D., F			PO Box 3		ykesville	, Md.	21784	
BP			Burial, cremation, remova Burial	236. DATE 6-21-19	85 I	ME OF CEA	st Grove		d. LOCATION CITY OR TOWN			ck,Md.
DHMH-16 30 (VRA 15			ineral director harles W.Bur	rier, Jr.,	Sykesi	ville	e, Md. 1860	PAUSEC	D. BY REGISTRAR	THE REGISTRA	ASSIGNATION OF THE PROPERTY OF	HOUSE

o Ten Bu brutte The land att ... ob illornet All ydranes the trace office with . Se standing of the . Control Harmon St. Call. 1881 January Charles Land 188 Daniel of programs with swinning to amorioust posto lunat granosci (Landerer) attatanta-Carcino Callung, amorance estimated introduction systems of he Ellow Carlo 0-4 g 694 89-81-8 . 13. Dist. 54 all Constille, 85. alfile A.S. A. H. EDAR M. Drivings word felmos Similares Safetall Charles W. Burgler, Jr. , yassville, Id.

178083	1	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIEN	8 5 REG. NO	17	1 9	7
1 71	I, DE	May S. Wya			MIDDLE	L.	AST	2 a	06-14-8		YEAR	200 a _M
	3. SE	Х.	4 RA	CE		5. DATE C	FBIRTH		AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS
4 55		female	8215	Cauc		MONTH	0-03-96 YEAR		88	YRS.	NIHS DAYS	HOURS MIN
4 4 4 KF	74.8	BTHPLACE ISTATE OF FOREIGN	76 CI		WHAT COUNTRY?	0	MARRIED EN NEVER MARRIED		BALTIMORE CITY OF	COUNTYO	FDEATH	
1 1134	10	altimore.		USA		WIDOWE			Carı		DIVID	MD.
. 100	W	estminster	4	IF NOT IN SUC	POOLE STREET	OD(ESS)	Apr. 12	(TY	USUAL OCCUPATION OF WORK FOR MOST OF Tetired	ON WORKING LIFE)	INDUSTRY	OF BUSINESS OR
(F)	33m.		ome or other COUNTY Carrol	_	GIVE RESIDENCE BEFORE 134. CITY OR TOW Westmin	N	13d INSIDE CITY LIMIT	rs? 13e	STREET ADDRESS	oad, Ap	t T2	21140
d de	HEF	THER'S NAME CARST	Robe	4	Lez LAST S	cott	15 MOTHER'S MAIDEN		WIGGTE	Ca	roly	r ·
IMORE, se execut to and co. Poges 1		WAS DECEASED EVER IN U. YES, NO DECINKNOWN) (IF YI	.S. ARMED F ES, GIVE WAR O		166 SOCIAL SECU 212-10		H. Edwa	rd	Wyaff	- 5a	me a,	5 +17
S, 201 W. PRESTON ST. over that the death certification by the intenting properties embryer contains buried cremation, or rem into or other traumentic eve	NO	Canditions, if ony, whis gave rise to immedio couse (a), storing to underlying couse to PART 2 OTHER SIGNIFIC.	ich bre he {	(b) (b) DUE TO, OI	R AS A CONSEQUE BY AS A CONSEQUE CONTRIBUTING TO DE	l ast		TERMINA	L DISEASE OR COND	ITIÓN GIVEN	IN PART 10	01
AL RECOI	TIFICATION	90 DATE OF OPERATION	1	96 CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	25-12	20a AUTOPSY?	206. IF YES, V IN CERTIFYIN YES {	NG CAUSES	OF DEATH?
CCIAN TO SPACE OF SPA	CAL CERT	2 10 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA.	OF DEATH	1b. TIME O HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJUR	IN ITEM 18, PART	1 OR PART 2)	
IVISION arthur thus in the bus is ond Ma	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK		AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	٧ -	COUNTY	STATE
AL OF ATENDE 7, the heapting or AL OHECOR A Gentaling Stell use Annual Dept of Health		10.1 certify that (I) (thisesaw the decreased all 22b, SIGNATURE	ryn	sle	e deceased fram_ 0 19_ ulter death	85 . an		inian deat	to present h accurred an the da MEDICAL STAFI RECTOR PHYSICI		22c DATE	
O TUNE TO TUNE MOUTH AND		R.Y. Dalrym	ple, N		P.A.		Carroll Pl	laza,	Westmins	ter, Mo	1. 211	57
BP	1	BURIAL, CREMATION, REMO	OVAL 236	DATE - 16-	1985 2	LAME OF C	METERY OR CREMATO	2	HAMP PLA	1 6	UNTY ASSE	spot.
DHMH - 16 50M 7/77 (VR A 15 (4))	74. F	NAME OF FRETCH	(ert)	GK	Dest	125/1	R . 25a	N.A	C'D. BY REGISTRAR 2	Sb. REGISTRA	Sura	ure ndelle

					Establish Comments
	E - 12				* ·
			. pored	alous I	
	Providence of the party of the			Sec. Carl	
					70 · 10
	, 41 100 41	Fr. 1 200 a	Lessail House		
Charles the swi	1 35-1/4 10	24 Notae	n-and		
			Angoogle		
	Streeting 8	7 - 27 - 27	01 - 7 100		
2-31-					
12117	ter, threat meth.	e sheet to		garater ()	0.0
			7 37 3 7		
		and the Salar	A COLUMN TO A SA		